

Name
in
Full

ROBERT ABLE -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

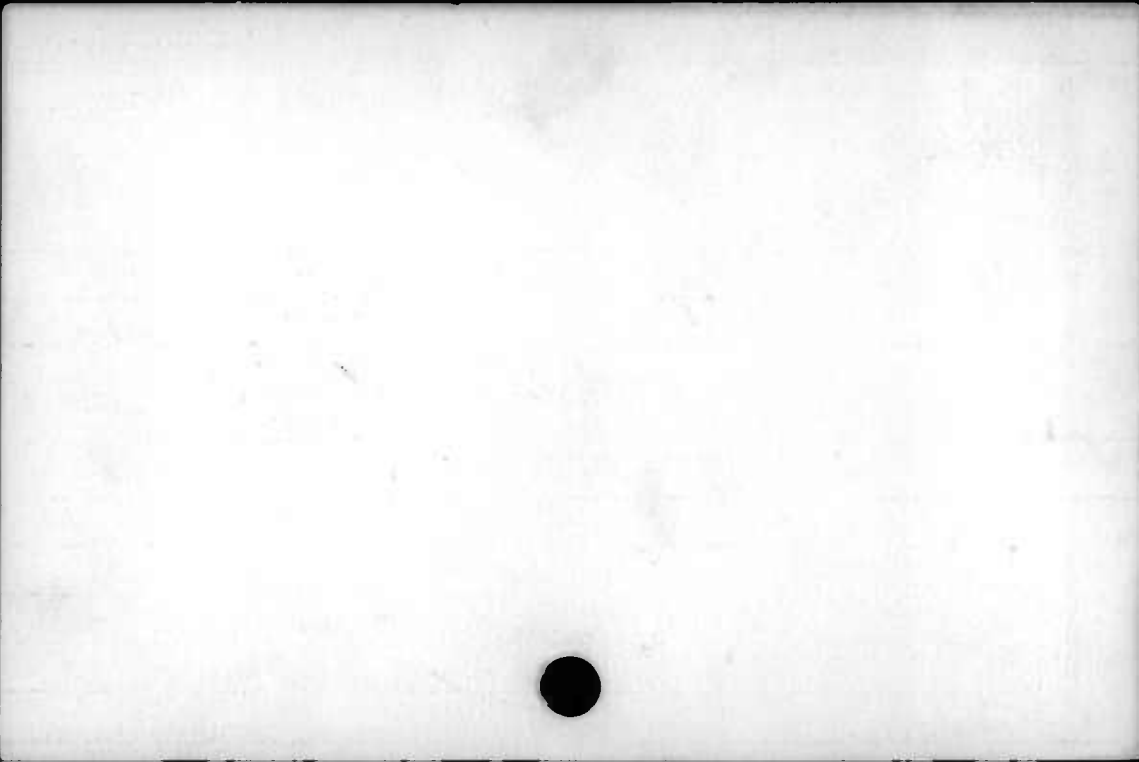
Died at <u>Cumberland</u> ^{Town} <u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>4</u> ^{Day} <u>76</u> ^{Years}	<u>Months</u> <u>Days</u>		
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Hagerstown</u>	
Occupation <u>Wagoner</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Harriet Able</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Ellen Smith</u>	Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>Harriet Able</u>	How related to deceased <u>brother</u>		

CAUSES OF DEATH

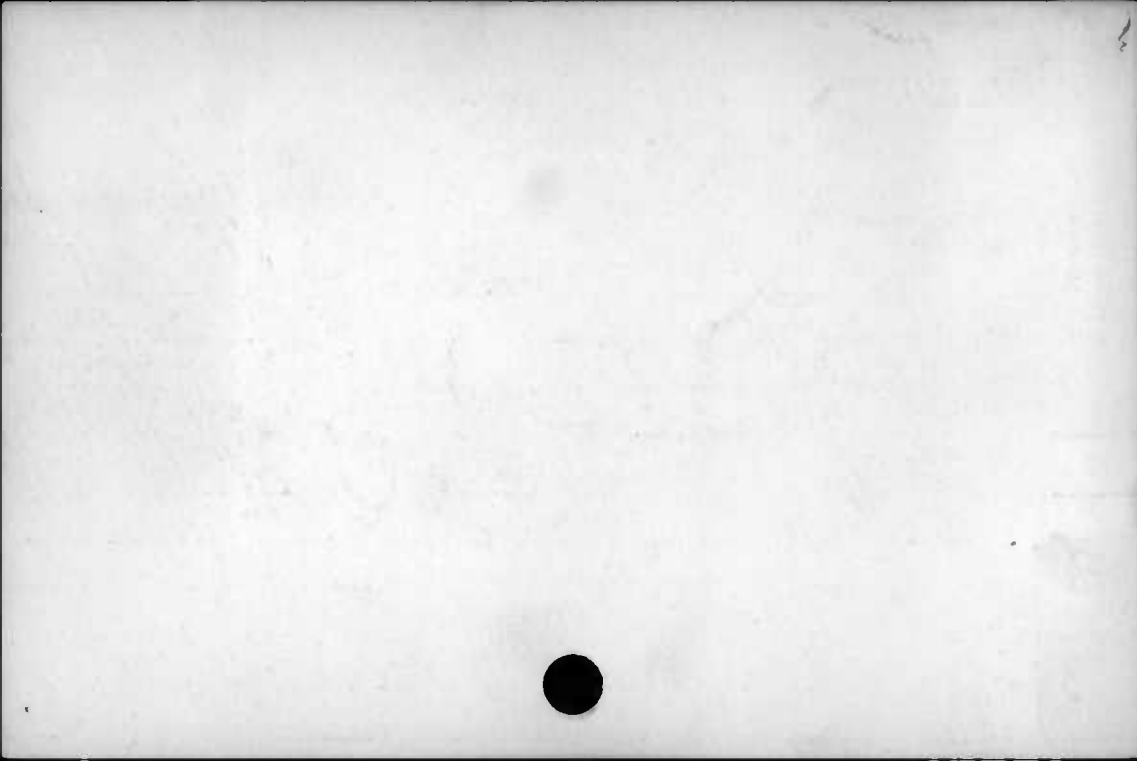
106

PHYSICIAN
OR CORONER

Primary <u>Chronic Renal</u>	How long <u>4 yrs</u>
Immediate <u>exhaustion</u>	How long <u>2 wks</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. [Signature]</u>
	Address <u>Cumberland Md.</u>
Accident or Suicide?	



Name in Full		Infant of Jas H Adams				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		allegany, MARYLAND				
	Date of death		1907	Month	Sept.	Day	23	Age	Years	Months	Days
	Sex		male		Color or Race		white		Birth-place		Cumuld.
	Occupation		none		Where Residing if not at place of death						
	Married, Single or Widowed		Single		Name of Wife or Husband		none				
	Father's Name		Jas. Adams		Father's Birthplace		N. Va.				
	Mother's Maiden Name		Annie M. Smith		Mother's Birthplace		N. Va.				
Name of person giving information				How related to deceased							
✓		CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Premature birth				How long		(157)		
	Immediate		Premature birth				How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		H. J. O'Leary M.D.		
	Address		Cumberland Md								
Accident or Suicide?		No									



Name
in
Full

Cathrine Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

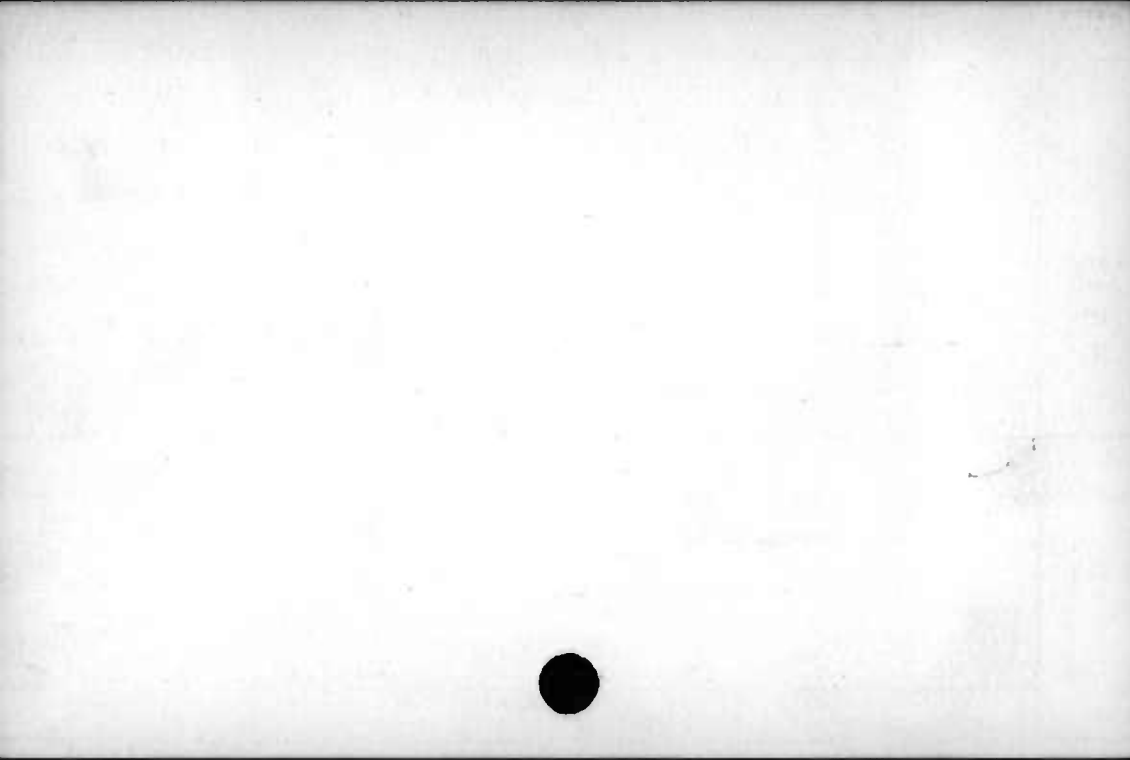
Died at <i>Cum</i>		Town <i>alle</i>		County		MARYLAND	
Date of death	1907	Month	Sept	Day	11	Age	Years 6 Months 16
Sex	Female		Color or Race	White		Birth place	Johnstone Pa
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Ambrose					Father's Birthplace	West Va
Mother's Maiden Name	Jennie Marsh					Mother's Birthplace	Pa
Name of person giving information	John Ambrose					How related to deceased	Father

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	Summer complaint	How long	6 weeks
Immediate	Exhaustion + Bacteria	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	F. L. Burdall -		
Address	Cumberland Md -		
Accident or Suicide?	Stein,		



Name
in
Full

Mrs Catharine Armbruster

CERTIFICATE OF DEATH

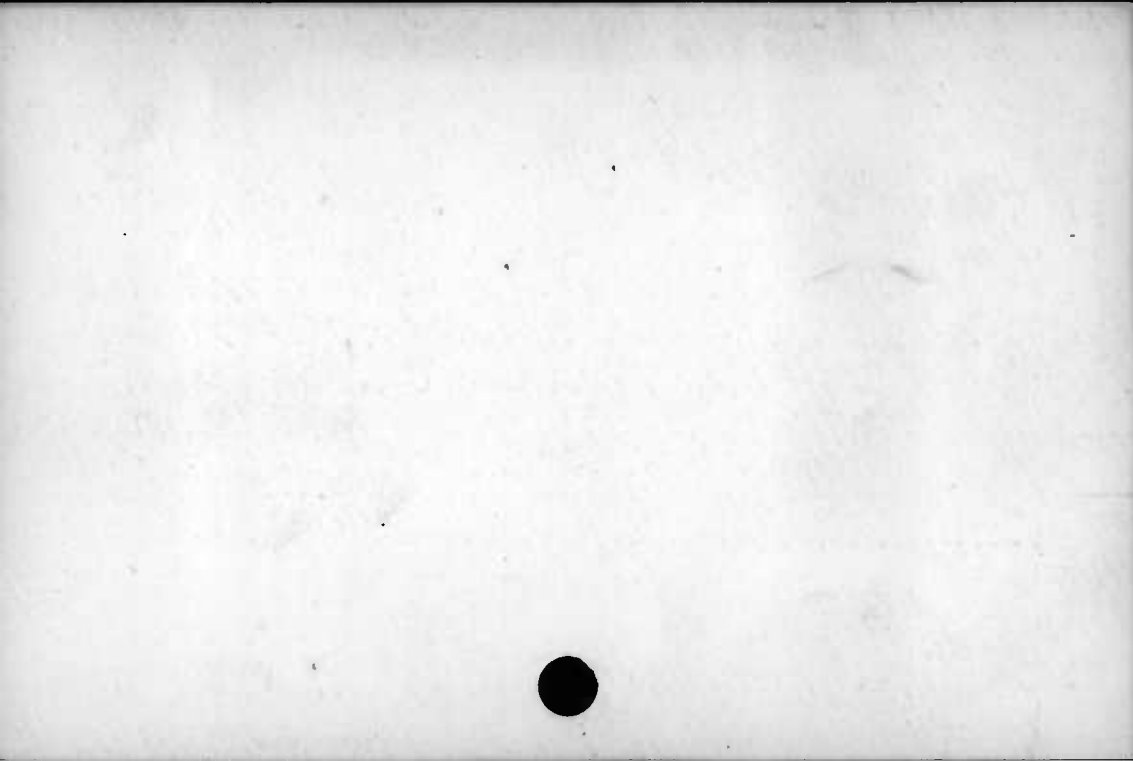
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alligany		MARYLAND	
Date of death		1907	Month Sept.	Day 20	Age 78	Years 2	Months 16
Sex Female		Color or Race White.		Birth-place Germany			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed Widow.		Name of Wife or Husband William Armbruster					
Father's Name William Armbruster		Father's Birthplace Germany					
Mother's Maiden Name Catharine Winterstein		Mother's Birthplace Germany					
Name of person giving information William Armbruster		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Advanced Age	How long	154
Immediate	Heart failure	How long	1
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. W. Wiley	
Address Cumberland, Md		Wiley	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

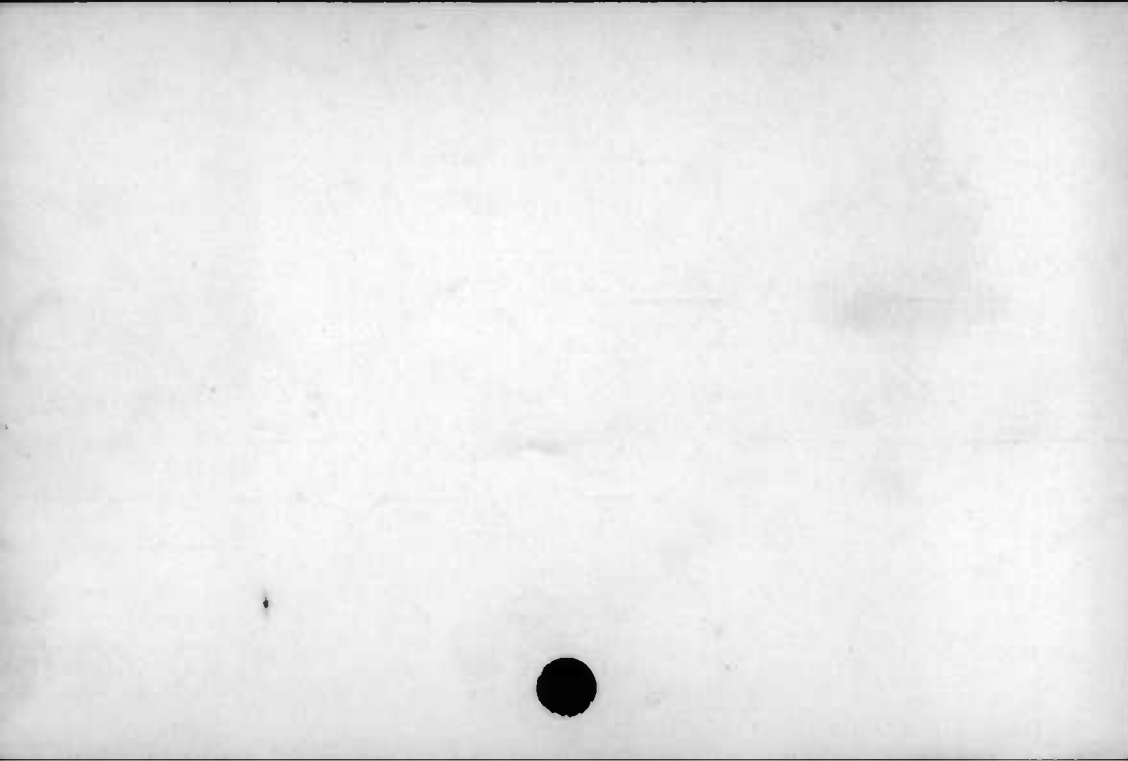
Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		1907	Sept	14	Age	20	
Sex		Male		Color or Race		White	
Occupation		Lumberman		Where Residing if not at place of death		Weston W Va	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John P. Bonmuth		Father's Birthplace		Weston W Va	
Mother's Maiden Name		Elizabeth Fudrell		Mother's Birthplace		Richmond Va	
Name of person giving information		Jordan Bonmuth		How related to deceased		Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 months
Immediate	Inanition	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. D. Skilling	
Address		Lonscoring	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lloyd Brant		Town Black Oak		County Alle		STATE MARYLAND	
Died at Black Oak		Month Sept		Day 2		Age 60 yrs	
Date of death 1907		Months 		Days 			
Sex Male		Color or Race White		Birth-place Pa			
Occupation Gabener		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Wife or Husband Margaret Brant					
Father's Name A J Brant		Father's Birthplace Pa					
Mother's Maiden Name Margaret Bell		Mother's Birthplace Pa					
Name of person giving information Margaret Brant		How related to deceased wife					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Rail Road accident		How long 	
Immediate Kild by cars		How long 	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. H. Matz, Coroner	
Address Seem		Address Quinberland Md	
Accident or Suicide? 			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Norris Franklin Brown

Died at *Cumberland* Town*allington* County

MARYLAND

Date
of death *1907* 9

Month

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Cumberland*

Occupation

Where Residing if not
at place of death*Cumberland Md*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Nathaniel R. Brown*Father's
Birthplace*allington*Mother's
Maiden Name*Artie M. Slifflant*Mother's
Birthplace*Cypress Pa*Name of person giving
In formation*Nathaniel R. Brown*How related
to deceased*Father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Pneumonia Broncho

How long

2 weeks

Immediate

Cerebral Congestion

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. B. Claybrook*

Address

Cecum and Md

Accident or Suicide?

39 Elmer nt

Name
In
Full

Haut Browner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

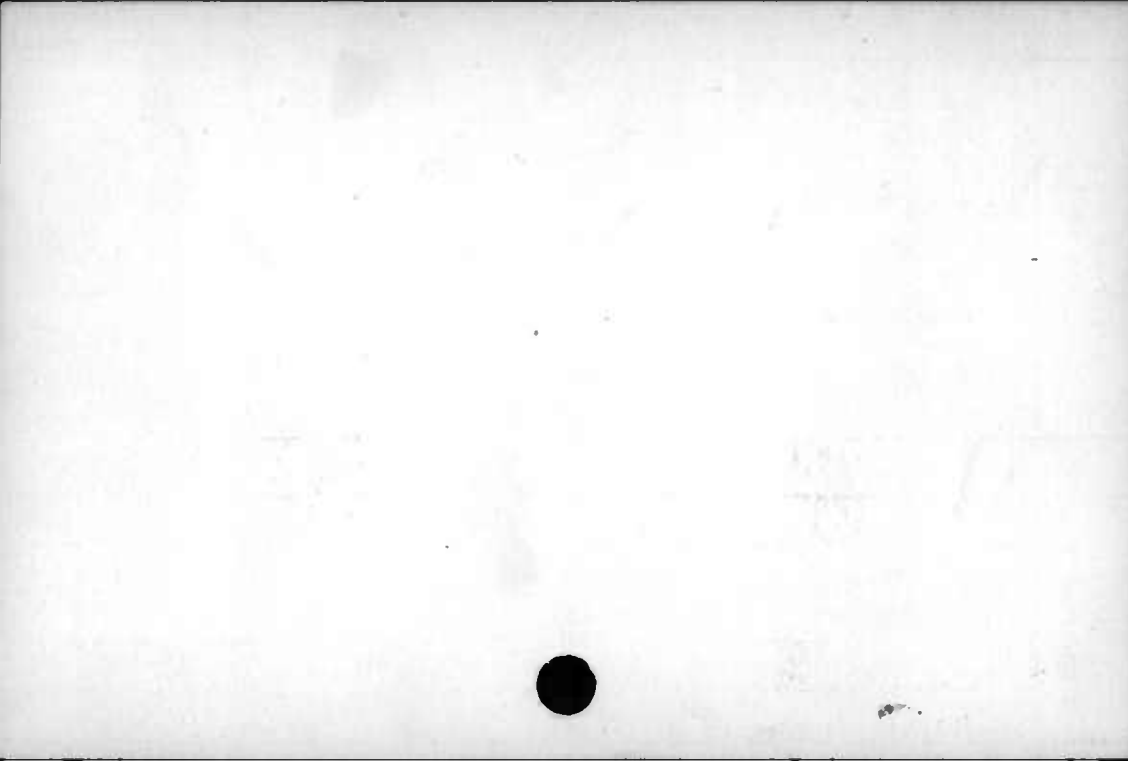
Died at		Town Cumberland		County Baltimore		MARYLAND	
Date of death		1907	Month Sept	Day 22	Age 63	Years —	Months —
Sex Female		Color or Race White		Birth- place Md			
Occupation Domestic				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband John Browner			
Father's Name		Do not know		Father's Birthplace		Do not know	
Mother's Maiden Name		Do not know		Mother's Birthplace		Do not know	
Name of person giving In formation		Mrs. Peter Wilson		How related to deceased		Not at all	

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	Stomach & Liver Exhaustion	How long	4 mo
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. F. T. 94,	
Address		Cumberland, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John A. Brown		Town Emberland		County Allegheny		MARYLAND	
Died at Emberland		Month 9		Day 20		Years 63	
Date of death 1907		Months —		Days —			
Sex Male		Color or Race Black		Birth-place Hagerstown			
Occupation Butter		Where Residing if not at place of death Emberland					
Married, Single or Widowed Married		Name of Wife or Husband Percella Brown					
Father's Name Tom Brown		Father's Birthplace Williamsport					
Mother's Maiden Name Katherine Crawford		Mother's Birthplace Hagerstown					
Name of person giving information Percella Brown		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Bright's disease	How long 6 mos.
	Immediate heart failure	How long 3 wks.
	Are the name, age, sex, color, date and place correctly given above? yes	
	Signature of Physician George A. Shuman	
Address 63 N. Mechanic		
Accident or Suicide? none		

Stark

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Bertrude Buchanan</i>		Town <i>Ellerslie</i>		County <i>Allington</i>		MARYLAND	
Died at <i>Ellerslie</i>		Month <i>Sep</i>		Day <i>2</i>		Age <i>44</i>	
Date of death <i>1907</i>		Month <i>Sep</i>		Day <i>2</i>		Years <i>44</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va.</i>		Months <i>1</i>	
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>J. W. Buchanan</i>					
Father's Name <i>Thomas Worring</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Louisa Brown</i>		Mother's Birthplace <i>W. Va.</i>					
Name of person giving information <i>Clara Johnson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3-4 Years</i>
Immediate <i>Exhaustion</i>	How long <i>4 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. P. Smith</i>
	Address <i>Ellerslie W. Va.</i>
Accident or Suicide?	<i>Smith</i>

leaves 2 daughter

Helen Regan

Stellie

Died at home Thomas

Buried Rose Hill

member Eastern Star
at Hagerstown

Name
in
Full

Infant of Edward Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

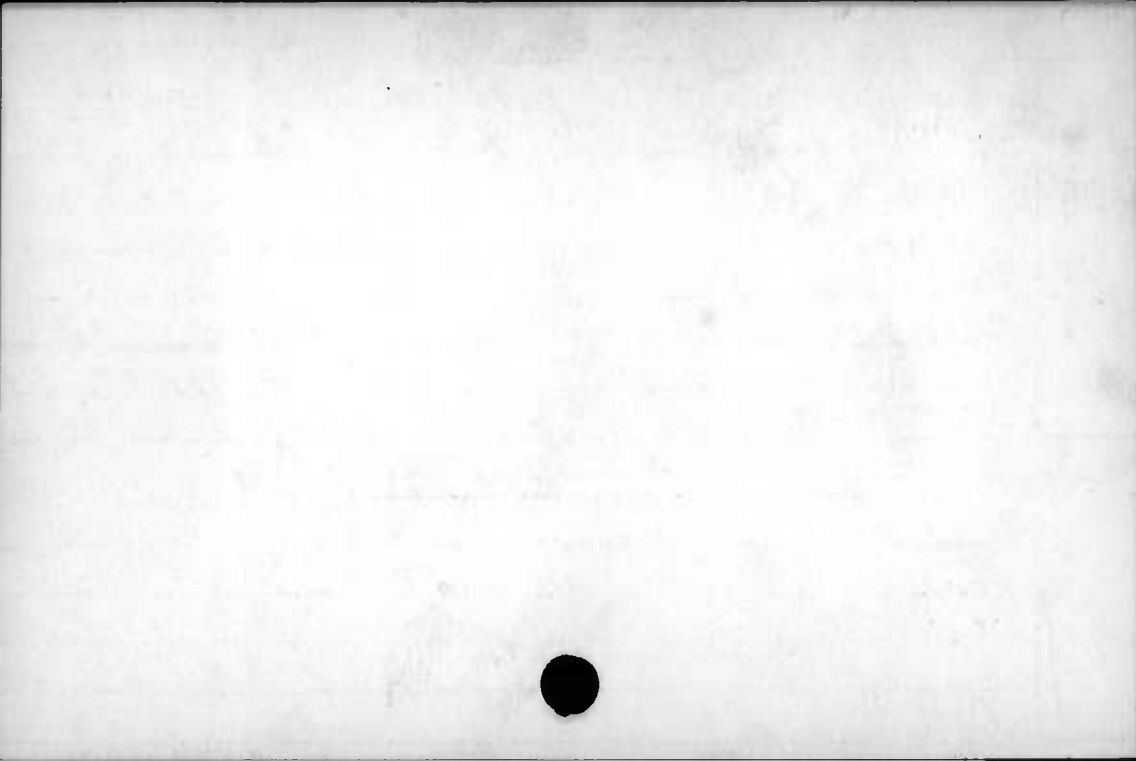
Died at <u>Cum</u> Town <u>Mid</u> County <u>allergany</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>20</u>	Age <u>X</u> Years <u>X</u> Months <u>11</u> Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Cumberland</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>Cumland Md</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>		
Father's Name <u>Edward Burton</u>	Father's Birthplace <u>Footsburg Md</u>		
Mother's Maiden Name <u>Annis Steteman</u>	Mother's Birthplace <u>Wva</u>		
Name of person giving information <u>Edward Burton</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <u>Tetanus (Tetanus)</u>	How long <u>4 days</u>
Immediate <u>Exhaustion</u>	How long <u>few hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Harris</u>
	Address <u>Cumland Md</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 1907

Month

Day

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

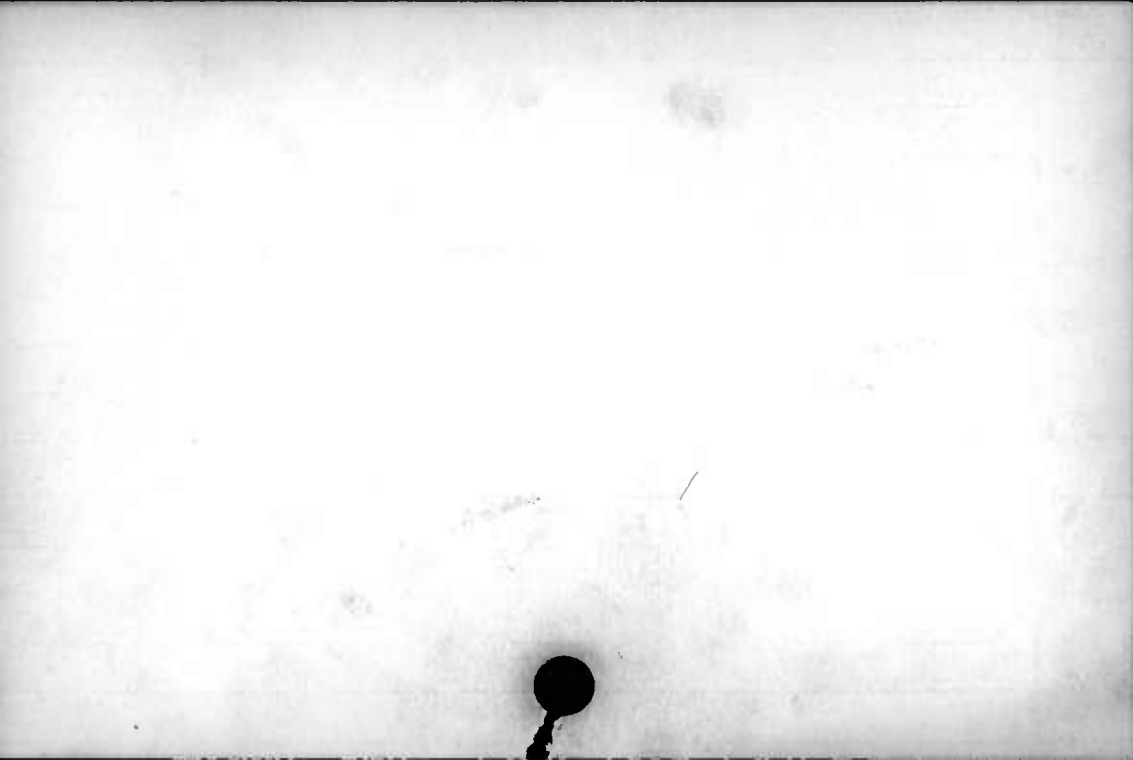
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Edwards Corner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cumberland County Allegany MARYLAND

Died at Cumberland

Date of death 1907 Month Sept Day 12 Age — Years — Months 8 Days —

Sex Male Color or Race White Birth-place Cornhill

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Charles W. Corner Father's Birthplace Cornhill

Mother's Maiden Name Mary White Mother's Birthplace Pa

Name of person giving information Charles W. Corner How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Gastro Enteritis How long 4 days

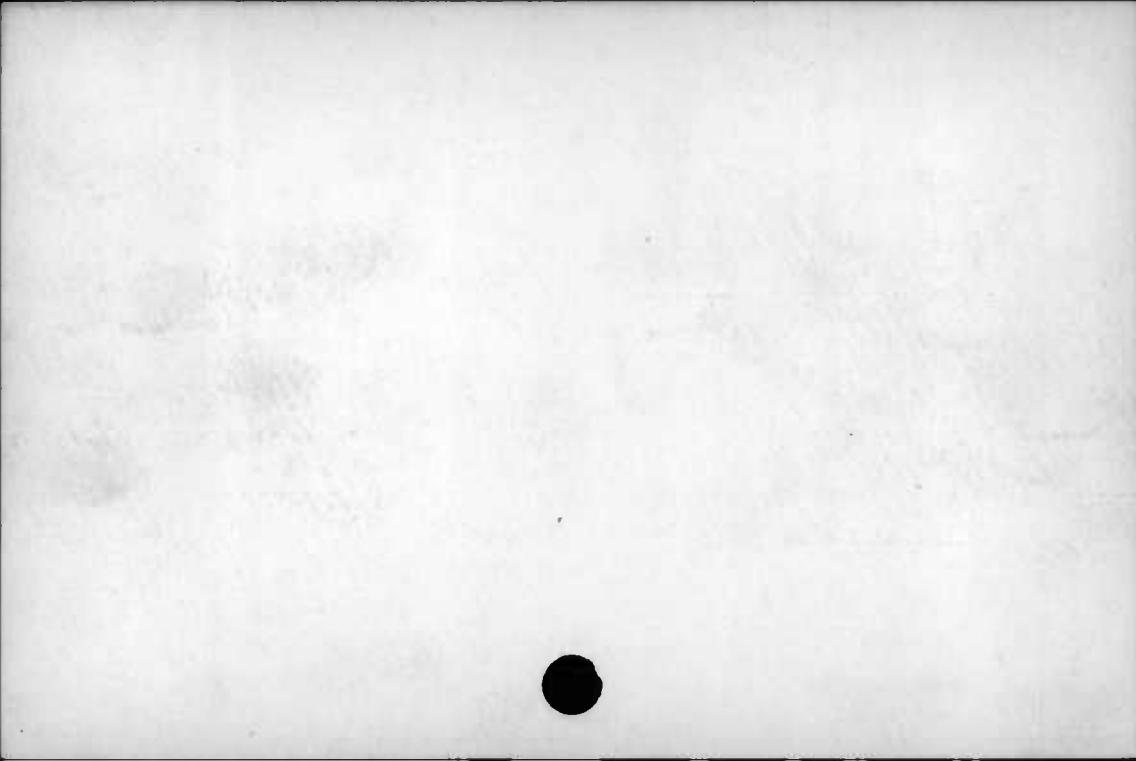
Immediate Exhaustion How long 1 hr

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. Leo Luedke

Address Cornhill

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Daniel Junior Crawford

Town *Lonsaering* County *Callegany* MARYLAND

Died at *Lonsaering*

Date of death 190 *7* Month *Sept* Day *16* Age *—* Years *—* Months *3* Days *—*

Sex *Male* Color or Race *White* Birth-place *Lonsaering*

Occupation *none* Where Residing if not at place of death *—*

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband *—*

Father's Name *Alexander Crawford* Father's Birthplace *Scotland*

Mother's Maiden Name *Agnes Humphrey* Mother's Birthplace *—*

Name of person giving information *Wm. J. Hunter* How related to deceased *Aunt*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera-morbus* How long *4 days*

Immediate *Meningitis* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling MD*

Address *Lonsaering*

Accident or Suicide? *No*



Name
in
Full

Mary Martha Danner

CERTIFICATE OF DEATH

MARYLAND

Died at *Cam* Town*Alle* CountyDate of death *1907 Sept 17*Age *44*Months *11*

Days

Sex *Female*Color or Race *White*Birth-place *Md*

Occupation

housewife

Where Residing if not at place of death

Married, Single or Widowed *Widowed*

Name of Wife or Husband

Father's Name *Manuel Easter*

Father's Birthplace

*Pa*Mother's Maiden Name *Mary Keff*

Mother's Birthplace

*Md*Name of person giving information *Mary Brophy*

How related to deceased

Daughter

CAUSES OF DEATH

*66*Primary *Paralysis & Gangrene of foot*

How long

*2 wks*Immediate *Exhaustion*

How long

✓

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thos. M. Koon

Address

*Amber
Koon*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full *Freeman Glessner Deihl*

CERTIFICATE OF DEATH

MARYLAND

Died at *Ellerslie* Town *Alle* County

Date of death *1907* Month *Sept* Day *3* Age *15* Years Months *—* Days *6*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *J Frank Deihl* Father's Birthplace *Pa*

Mother's Maiden Name *Allie Whitstone* Mother's Birthplace *Pa*

Name of person giving information *J Frank Deihl* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *23 days*

Immediate *Exhaustion* How long *7 days*

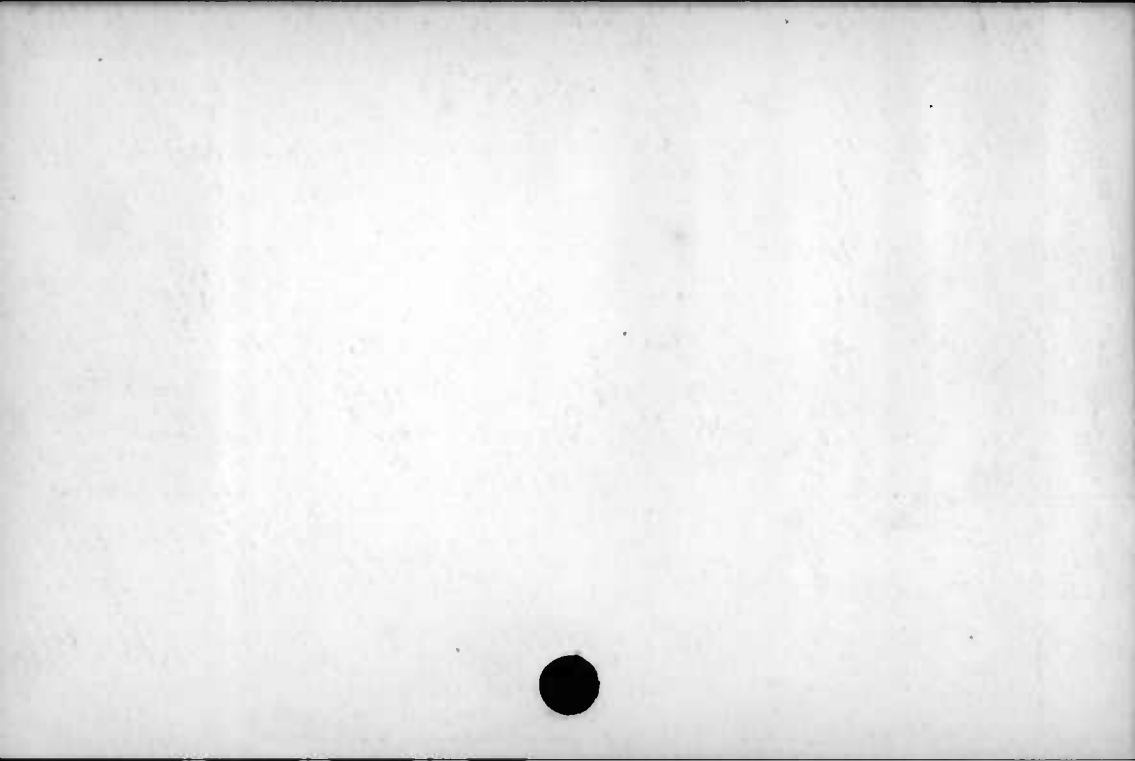
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. C. Smith*

Address *Ellerslie*

Accident or Suicide? *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

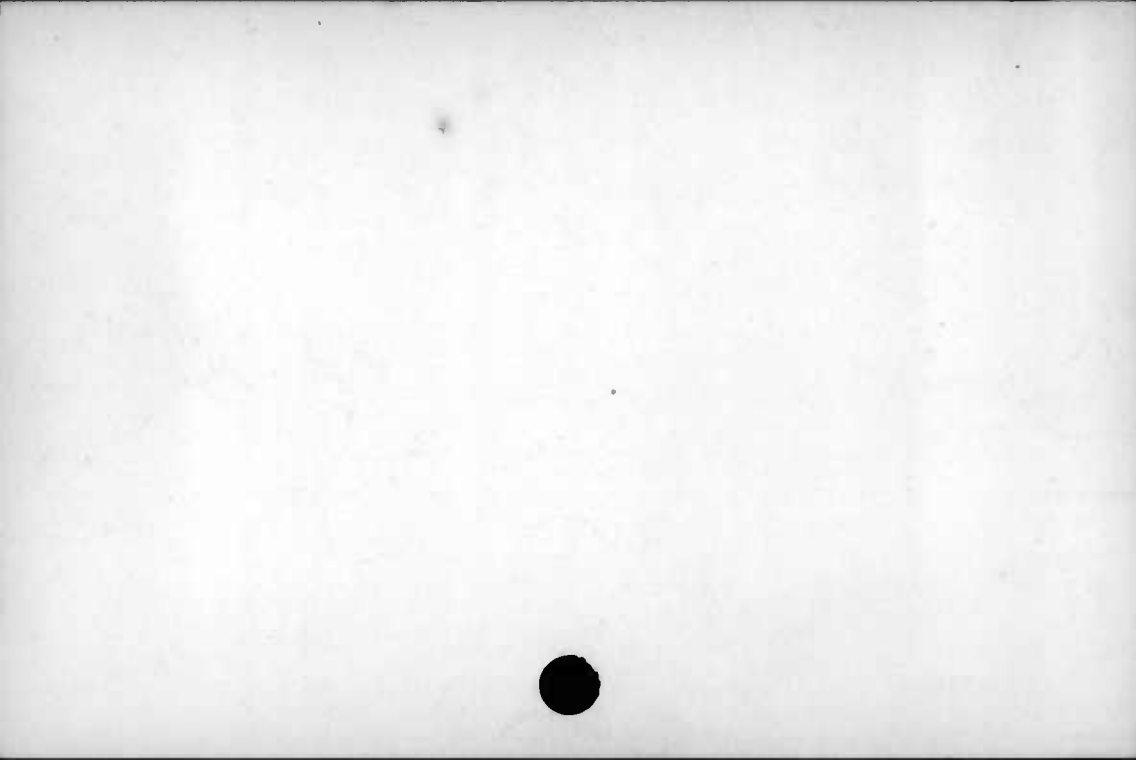
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumtland* ^{Town} *Cumtland* ^{County}Date of death 190 *7* ^{Month} *Sept* ^{Day} *16* Age *86* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birth-place *Irland*Occupation *Miner* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Do not know*Father's Name *Do not know* Father's Birthplace *Irland*Mother's Maiden Name *Do not know* Mother's Birthplace *Irland*Name of person giving information *Peter Nelson* How related to deceased *Not at all*

CAUSES OF DEATH

Primary *Rheumatism* *(48)* How long *Several years*Immediate *Exhaustion told age* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. F. Hogg*Address *Cumtland*Accident or Suicide *stem*



Name
in
Full

Rose Estella Ennos.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

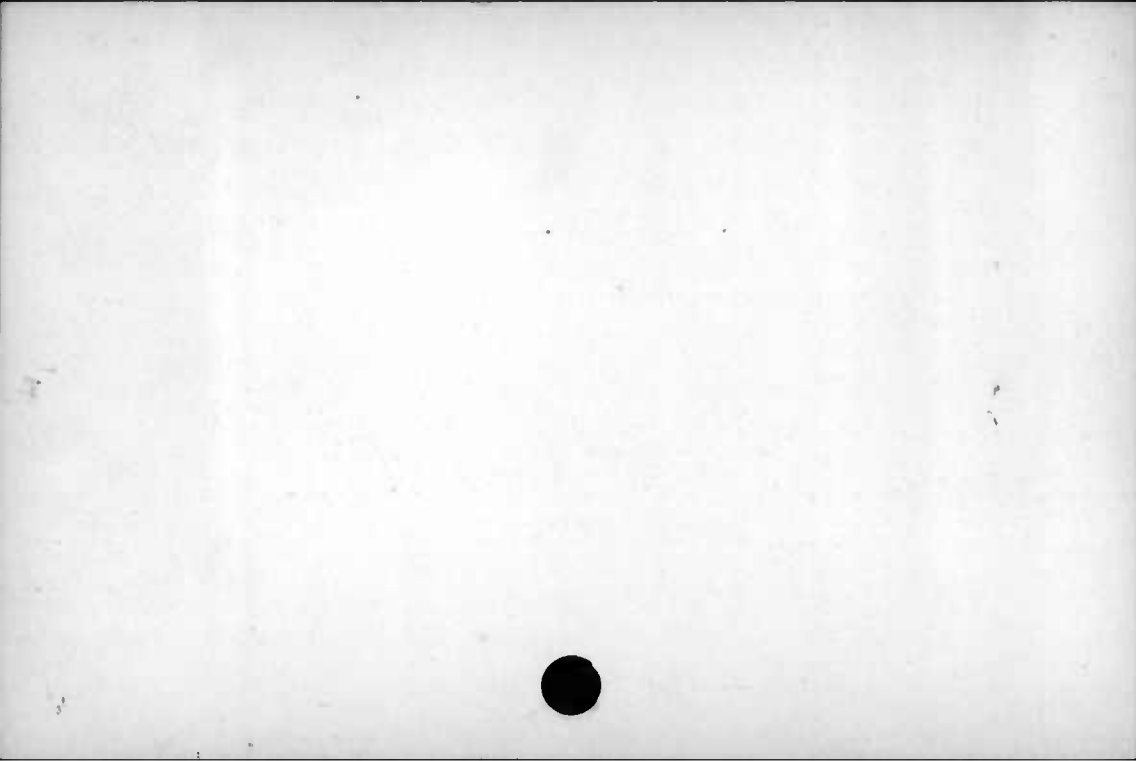
Died at		Town <i>Camden</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month <i>Sep.</i>	Day <i>6</i>	Age	Years <i>21</i>	Months <i>6</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa</i>
Occupation	<i>none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>none</i>				
Father's Name	<i>Adam Ennos</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Sarah McElary</i>					Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Joseph L Ennos</i>					How related to deceased	<i>Brothers</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 1/2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. H. Hawkins</i>
<i>Yes</i>		Address	<i>per J. H. White</i>
<i>Stein.</i>			<i>Hopwoodman</i>
Accident or Suicide?			



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1907

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or Race

Where Residing if not
at place of death

Birth-
placeMarried, Single
or Widowed

Name of Wife or Husband

Father's Name

Mother's
Maiden Name

Name of person giving information

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

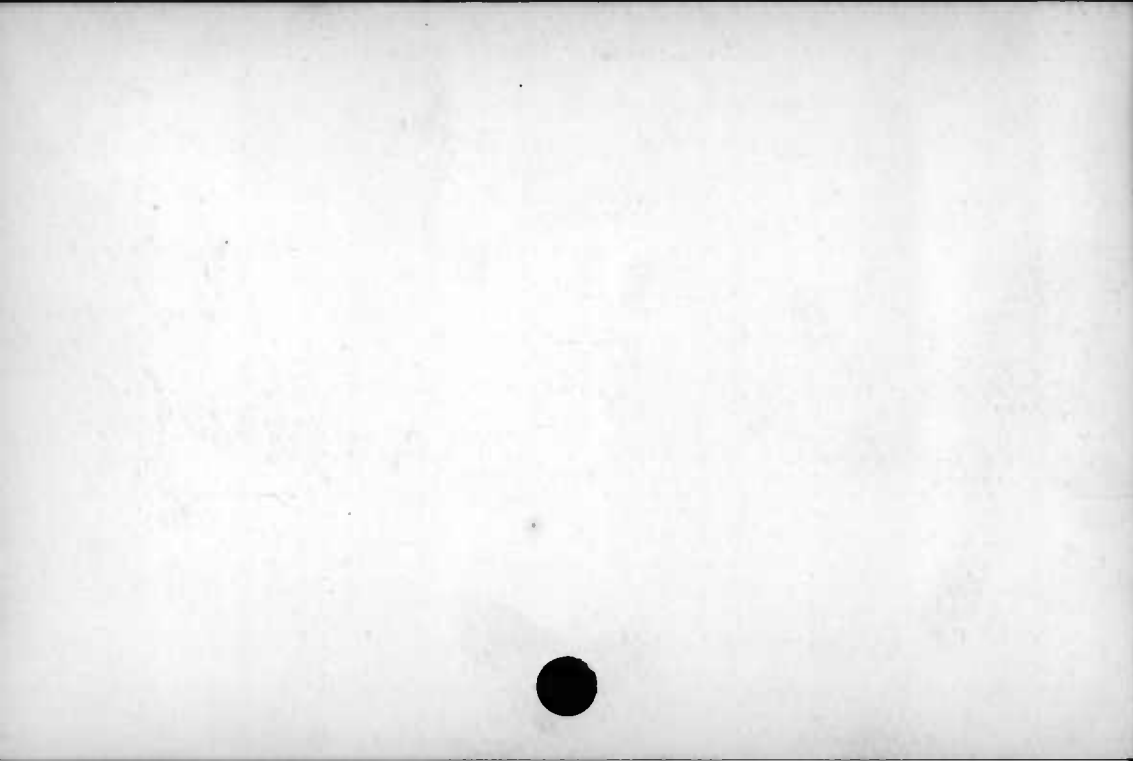
Immediate

Are the name, age, sex, color, date and place correctly given above?

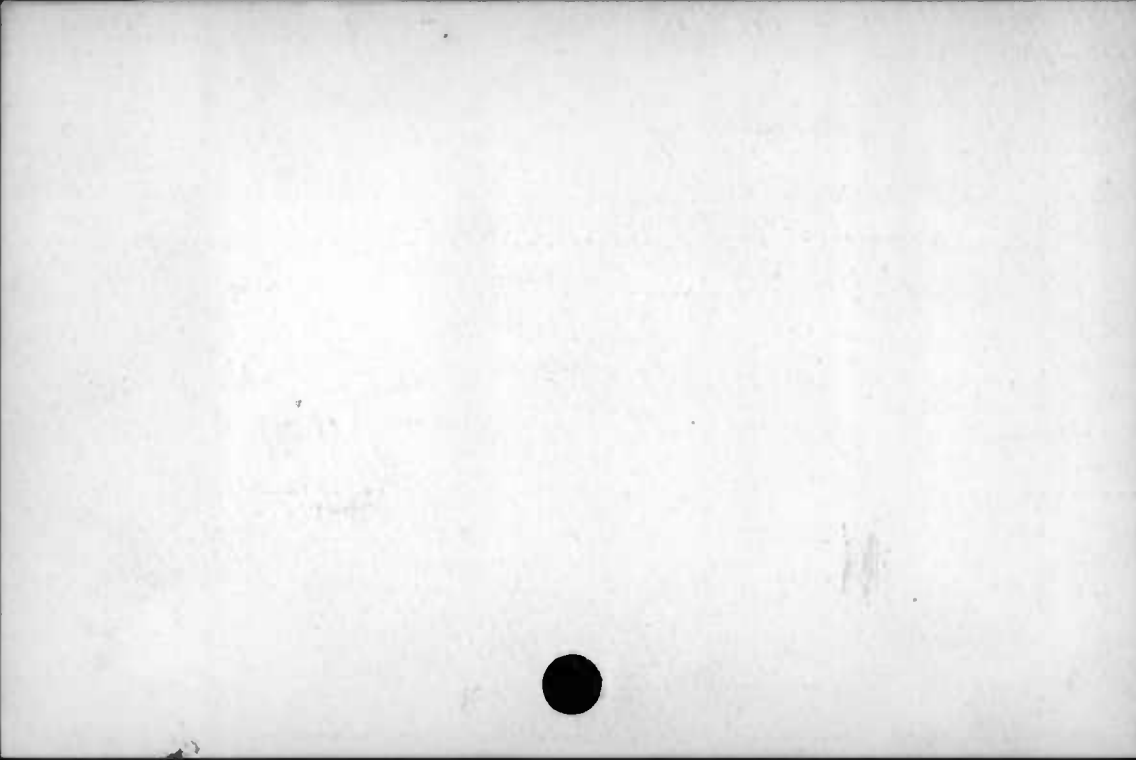
Signature of Physician

Address

Accident or Suicide?



Name in Full		Lester M. Foreman				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Crumland		County		MARYLAND							
	Date of death	1907	Month	Sep.	Day	9	Age	one	Years	one	Months	13	Days
	Sex	Male		Color or Race		White		Birth-place		Crumland			
	Occupation	none				Where Residing if not at place of death				—			
	Married, Single or Widowed	Single		Name of Wife or Husband		none							
	Father's Name	James H. Foreman						Father's Birthplace		W. Va.			
	Mother's Maiden Name	Annie Horn						Mother's Birthplace		md.			
Name of person giving information	James H. Foreman						How related to deceased		Father				
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Cholera Infantum						How long		8 weeks			
	Immediate	Exhaustion						How long		8 hours			
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		William R. Ford						
					Address		Do Ford						
	Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonsomine</u> Town <u>Calligum</u> County		MARYLAND	
Date of death	190 <u>7</u> Month <u>Sept</u> Day <u>17</u> Age <u>—</u> Years Months <u>7</u> Days <u>0</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lonsomine</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Patrick Gallagher</u>	Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Mary Elliott</u>	Mother's Birthplace <u>Lonsomine</u>		
Name of person giving information <u>Patrick Gallagher</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera du funtum</u>	How long <u>10 days</u>
Immediate <u>Meningitis</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W B Skilling</u>
Accident or Suicide? <u>no</u>	Address <u>Lonsomine</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Augustus & Jennie Lange

Town *Brunn* County *Alle*

Died at *Brunn*

MARYLAND

Date of death *1907* Month *Sept* Day *6* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Jinnie E Lange Augustus Lange*

Father's Name *Augustus Lange* Father's Birthplace *Germany*

Mother's Maiden Name *Jennie Schmucker* Mother's Birthplace *Ind*

Name of person giving information *Augustus Lange* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Midwife Matilda Schmucker*

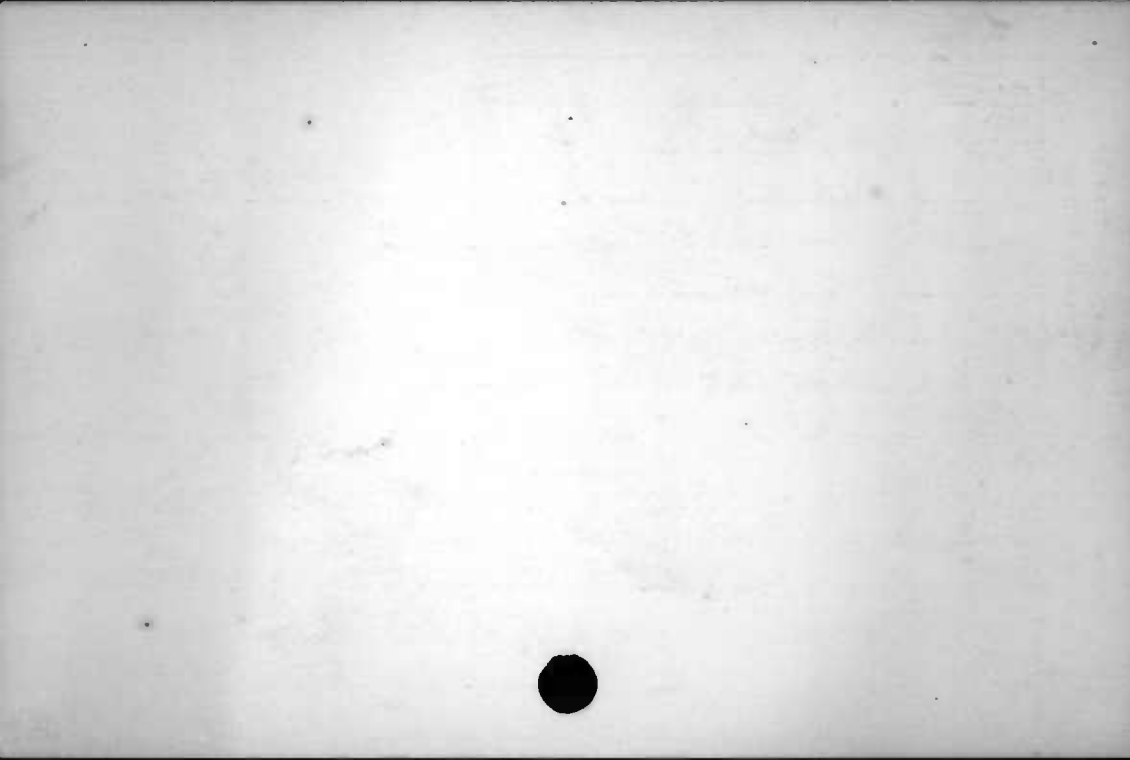
Address *Brunnland*

Accident or Suicide? *—*

15 Broadway



Name in Full		Clyde Glatfelter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hartburg		Ally		MARYLAND	
	Date of death	1907	Sept.	25	Age	15	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Clerk & Driver		Where Residing if not at place of death		Pa	
	Married, Single or Widowed	Single		Name of Wife or Husband		Pa	
	Father's Name	George Glatfelter		Father's Birthplace		Pa	
	Mother's Maiden Name	Bird Lancaster		Mother's Birthplace		Pa	
	Name of person giving information	Richard Glatfelter		How related to deceased		Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Appendicitis				How long	10 days
	Immediate	Septicaemia				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				J. L. Conroy		
	Address				Firstburg Md.		
Accident or Suicide?							



Name
in
Full

Margaret - Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Savage</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>30</i>
Age		<i>20</i>		Years	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Westonport Md</i>
Occupation	<i>Housegirl</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Robert Graham</i>			Father's Birthplace	<i>Mt Savage Md</i>
Mother's Maiden Name	<i>Agnes Rankin</i>			Mother's Birthplace	<i>Scotland</i>
Name of person giving information	<i>Robert Graham</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

153-

PHYSICIAN
OR CORONER

Primary	<i>Poisoning with Dichlorid h...</i>	How long	<i>1 week</i>
Immediate	<i>Acute triphosphate & antine...</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. Alan G. Murray Md</i>
Address		<i>Mt-Savage Md</i>	
Accident or Suicide?		<i>Suicide</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

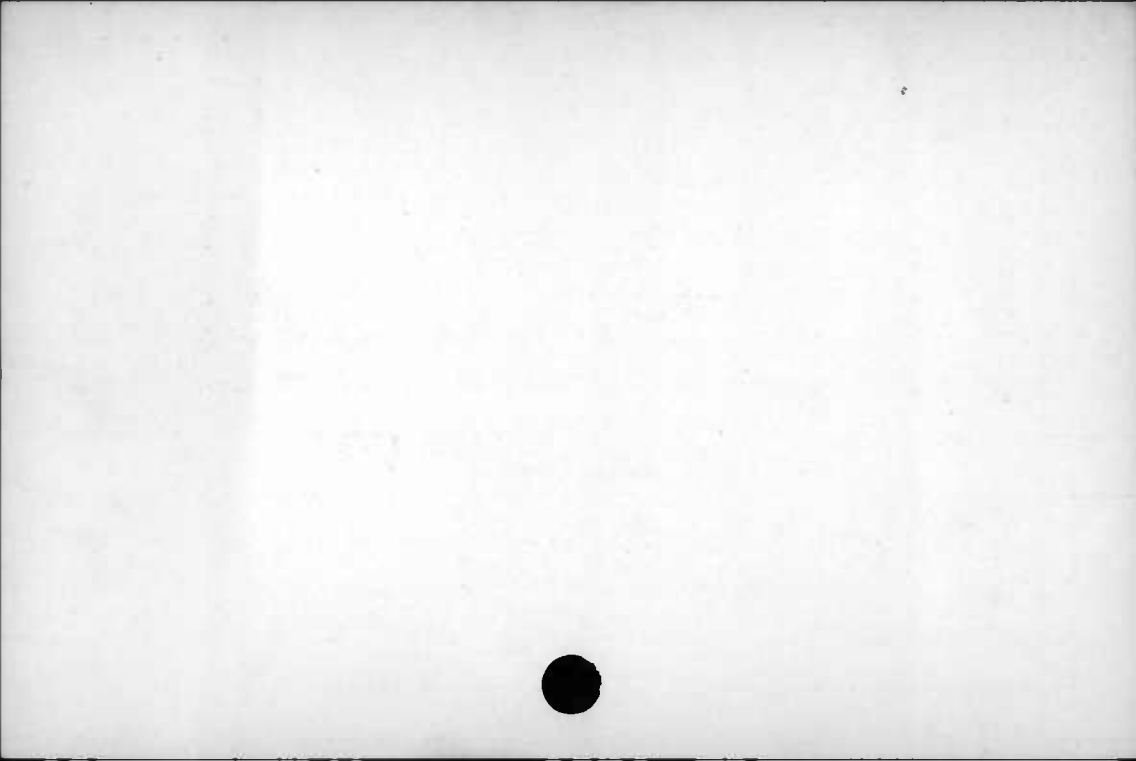
Died at <i>Brooklyn</i> Town		<i>Allyn</i> County		MARYLAND	
Date of death	1907	Month	Sept	Day	24
Sex	Female	Color or Race	White	Age	
Occupation			Birth-place	<i>Brooklyn</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>James Graham</i>			<i>Ind</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Margaret Graham</i>			<i>Ind</i>		
Name of person giving information			How related to deceased		
<i>R M Graham</i>			<i>Grandfather</i>		

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	<i>Stillbirth</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. Albright Murray</i>
		Address	<i>Brooklyn</i>
Accident or Suicide?			<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Ambuland		Allegany			
Date of death	1907	Month	Sept.	Day	13
Age	4	Years	4	Months	2
Sex	Male	Color or Race	White	Birth-place	Cumhd.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
None		None			
Father's Name	John I Grimm			Father's Birthplace	Pa
Mother's Maiden Name	Cora Waifel			Mother's Birthplace	Pa
Name of person giving information	John I Grimm			How related to deceased	Father

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	Injury to head & typhoid fever	How long injury	2 years
Immediate	Brain Fever	How long	14 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. B. Burdell
Address			Ambuland Ind
Accident or Suicide?			



PHYSICIAN
OR CORONER

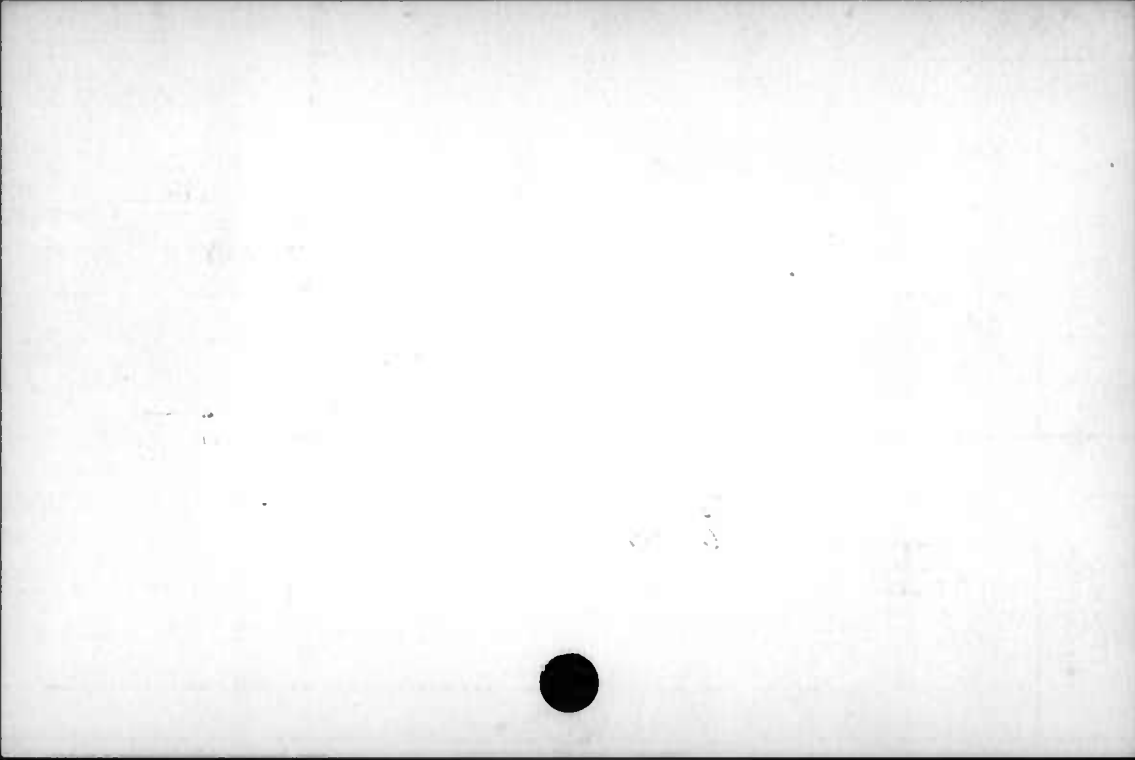
Edward Halbig

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept.	24	12			
Sex		Color or Race		Birth-place			
Male		White		Cumberland			
Occupation				Where Residing if not at place of death			
Scholar							
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
Dominic Halig				Md			
Mother's Maiden Name				Mother's Birthplace			
Margaret Stegmier				Md			
Name of person giving information				How related to deceased			
Dominic Halig				Father			

CAUSES OF DEATH

Primary	<i>Syphonic Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Intestinal hemorrhage</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. L. H. H. H.</i>
		Address	<i>Cumbeblanal Mol</i>
Accident or Suicide?			



Name
in
Full

Charles Theodore Harness

CERTIFICATE OF DEATH

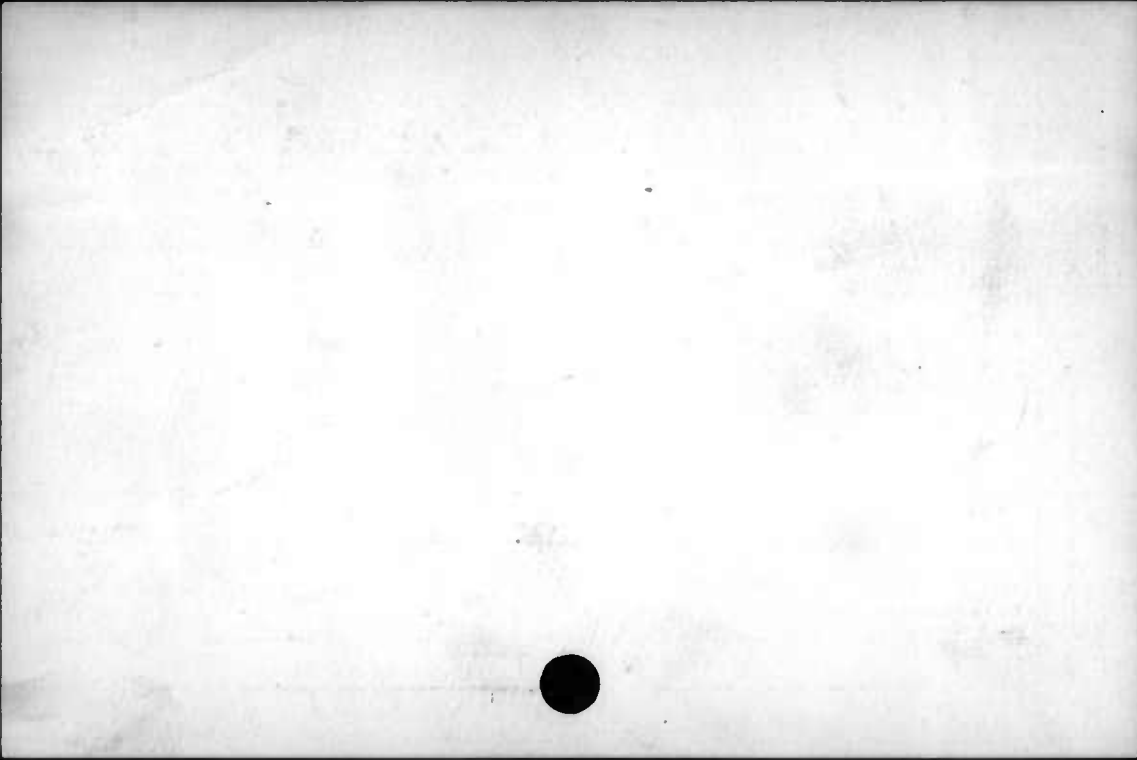
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1907		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband				Father's Birthplace			
Father's Name				Mother's Birthplace			
Mother's Maiden Name				How related to deceased			
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Gastro-Enteritis	24 hours
Immediate	How long
Poxaemia	"
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
YES	W. H. Haines
	Address
	Keyser, Va.
Accident or Suicide?	East Camp St. R. Va.



Name
in
Full

CERTIFICATE OF DEATH

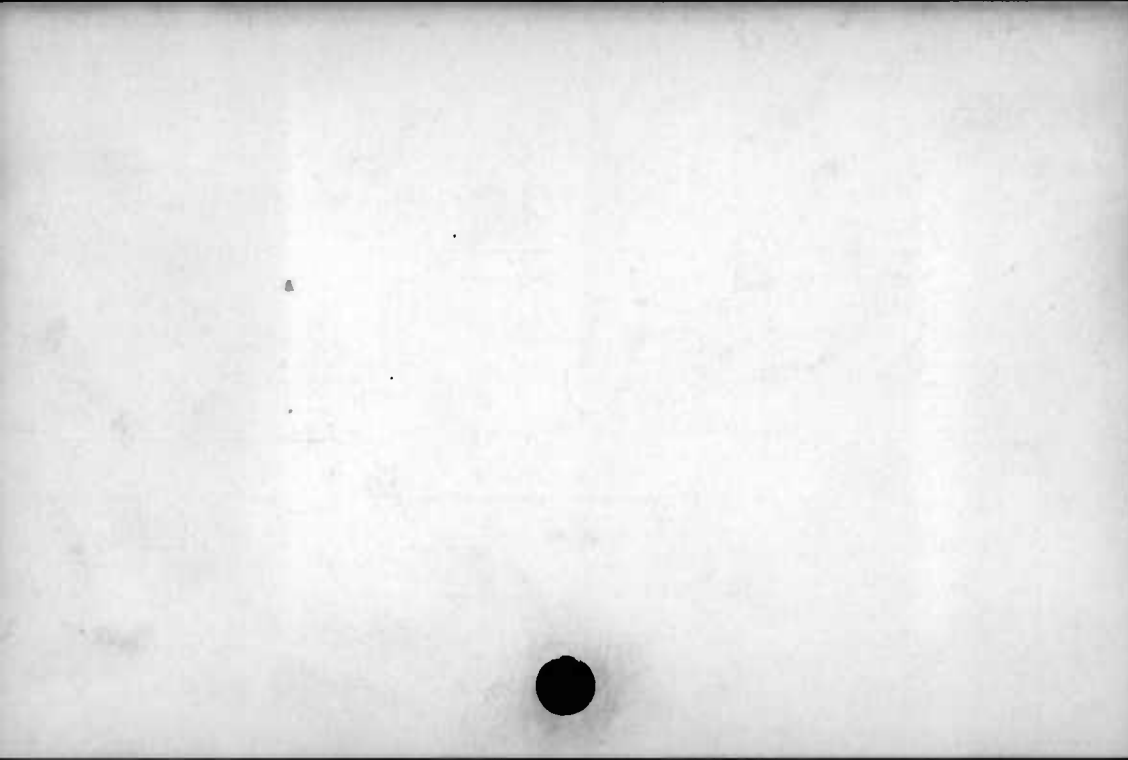
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Mills</i> <i>County</i> <i>Alligum</i>		MARYLAND	
Date of death	1907	Month	Sept
	Day	2	Age
	Years	—	Months
			Days
Sex	male	Color or Race	White
Birth-place	Pittsburgh	Occupation	none
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	Eugene Haslett	Father's Birthplace	Lorafield N.H.
Mother's Maiden Name	Minnie Brown	Mother's Birthplace	Frederick
Name of person giving information	James Brown	How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	3 mos
Immediate	Starvation	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Q. Skilling
		Address	Imacornig
Accident or Suicide?	no		



Name

in
Full

CERTIFICATE OF DEATH

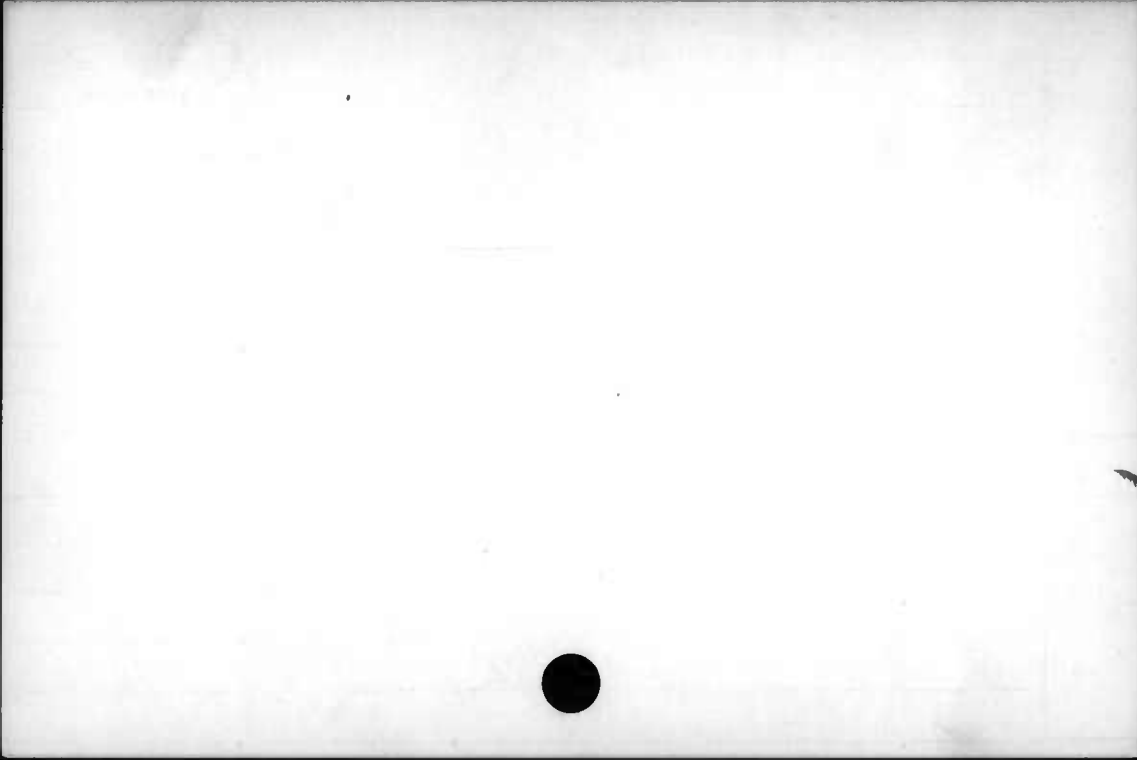
TO BE ANSWERED BY
NEAREST FRIEND.

Died at <u>Cumtucumcuse</u>		Town <u>Hill</u>		County <u>Accary</u>		MARYLAND	
Date of death	1907	Month	Sept	Day	8	Age	2
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Cumtucumcuse</u>		Years <u>—</u> Months <u>—</u> Days <u>—</u>	
Occupation <u>chuck</u>		Where Residing if not at place of death <u>Linden St</u>					
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas J. White</u>		Father's Birthplace <u>Cumtucumcuse</u>					
Mother's Maiden Name <u>Louise B. White</u>		Mother's Birthplace <u>Cumtucumcuse</u>					
Name of person giving Information <u>Thomas J. White</u>		How related to deceased <u>father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. Jones</u>	
Accident or Suicide? <u>—</u>		Address <u>Cumtucumcuse</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ethel Hoff

Died at <i>Cum</i> Town		County <i>Alle</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>25</i>	Age	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>E J Hoff</i>	Father's Birthplace <i>West Va</i>				
Mother's Maiden Name <i>Bertha Nevell</i>	Mother's Birthplace <i>West Va</i>				
Name of person giving information <i>M J Hoff</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>3 weeks</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C J Owens</i>
<i>Herrera</i>	Address <i>Cumberland Ind</i>
Accident or Suicide?	<i>Owens</i>

105

Meningitis
" of Brain

6 nos.

4 do.

Name
in
Full

CERTIFICATE OF DEATH

Peter Kelly

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Shaph</u> <small>Town</small>		<u>Allegany</u> <small>County</small>			
Date of death <u>1907</u>	<u>9</u> <small>Month</small>	<u>30</u> <small>Day</small>	<u>74</u> <small>Age</small>	<u>74</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Washington D.C.</u>			
Occupation <u>Miner</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Anne Kelly</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>John Kelly</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>old age</u>	<u>154</u>	How long <u>5 wks.</u>
Immediate <u>atheromatous arteries</u>		How long <u>1 wk</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>	Address <u>7 Washington</u>
Accident or Suicide?		<u>and</u>



Name in Full		Infant of Augustus A Lange				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberbund Town		Allegheny County		MARYLAND
	Date of death		1909	Month	Aug	Day	6
	Sex		female		Color or Race		white
	Occupation		none		Birth-place		Cumberbund
	Where Residing if not at place of death		—				
	Married, Single or Widowed		single		Name of Wife or Husband		none
	Father's Name		Augustus A Lange		Father's Birthplace		Germany
	Mother's Maiden Name		Jane Shoemaker		Mother's Birthplace		Ind
Name of person giving information		Matilda Shoemaker		How related to deceased		Grandmother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Stillborn		How long		—
	Immediate		—		How long		—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. H. Brace, M.D.
	Accident or Suicide?		no		Address		Reg. Vit. Stal-Cumberbund Ind



Name
in
Full

Lochner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

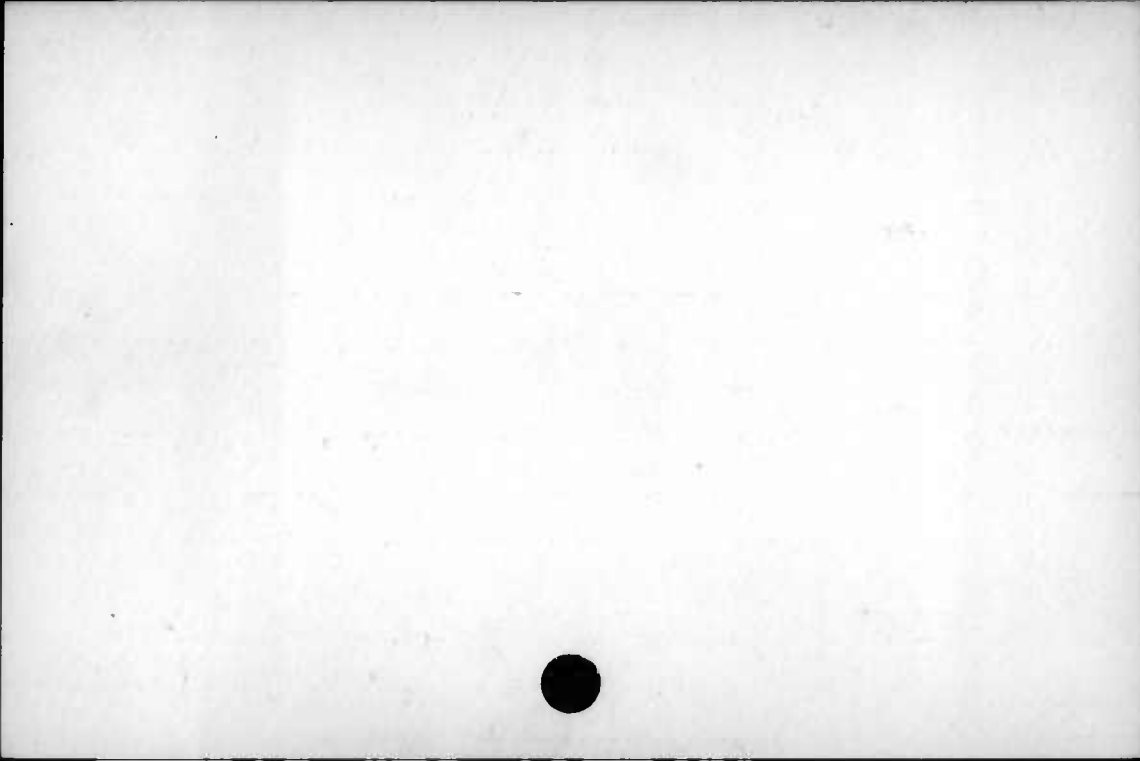
Died at <u>Lonaconing</u> Town			<u>Allegheny</u> County			MARYLAND		
Date of death <u>1907</u>		Month <u>Sept</u>	Day <u>3</u>	Age <u>0</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Lonaconing</u>				
Occupation _____				Where Residing if not at place of death _____				
Married, Single or Widowed _____				Name of Wife or Husband _____				
Father's Name <u>August Lochner</u>				Father's Birthplace <u>Lonaconing</u>				
Mother's Maiden Name <u>Martha Stony</u>				Mother's Birthplace <u>Lonaconing</u>				
Name of person giving information <u>Mrs. Aug. Lochner</u>				How related to deceased <u>brother</u>				

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary <u>Still Born Child</u>		How long _____
Immediate _____		How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Henry H. Hodgson</u>
Accident or Suicide? <u>No</u>		Address <u>Lonaconing, Ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

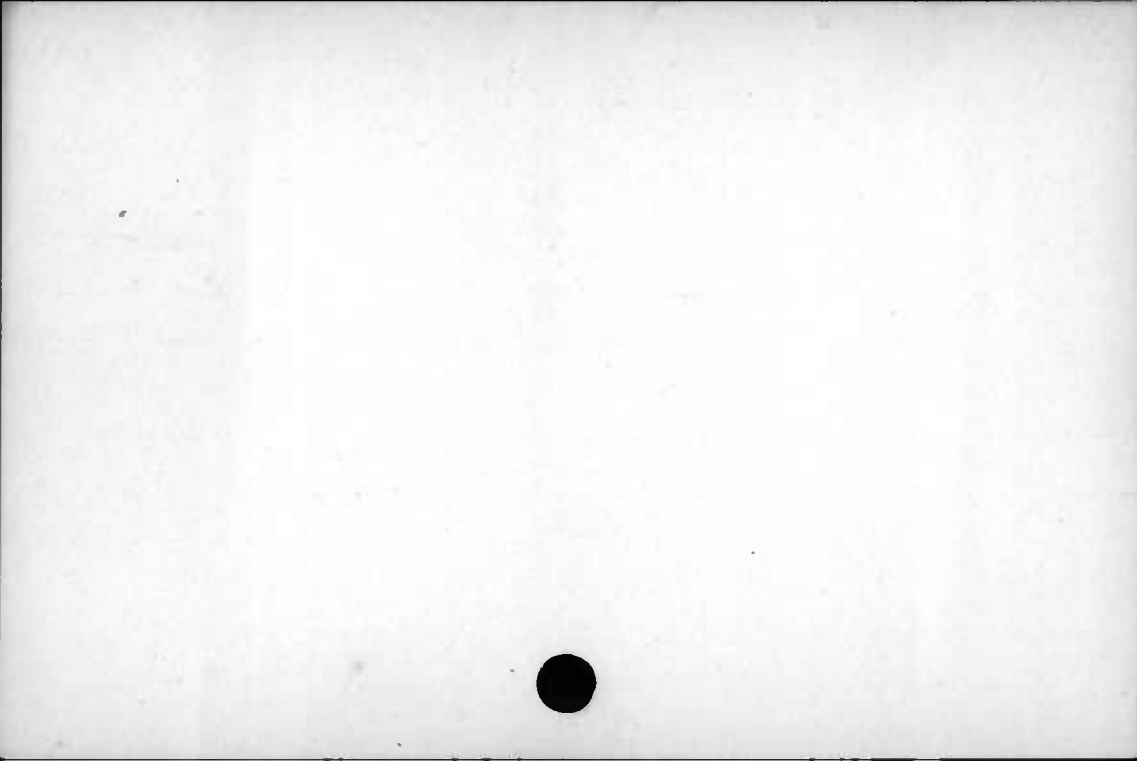
Name in Full <i>Jane Turner McAlpine</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lonaconing</i>		Date of death 1907		Month <i>Sept</i>		Day <i>11</i>	
Age <i>23</i>		Years <i>9</i>		Months <i>12</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Walter McAlpine</i>					
Father's Name <i>John Turner</i>		Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Annie Reed</i>		Mother's Birthplace <i>Vald Summit</i>					
Name of person giving information <i>Jas. McAlpine</i>		How related to deceased <i>Father-in-law</i>					

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>		How long <i>5 weeks</i>	
Immediate <i>Nephritis, Uraemia</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Hodgson</i>	
Address <i>Lonaconing, Ind.</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

Willis P. Mc Donald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

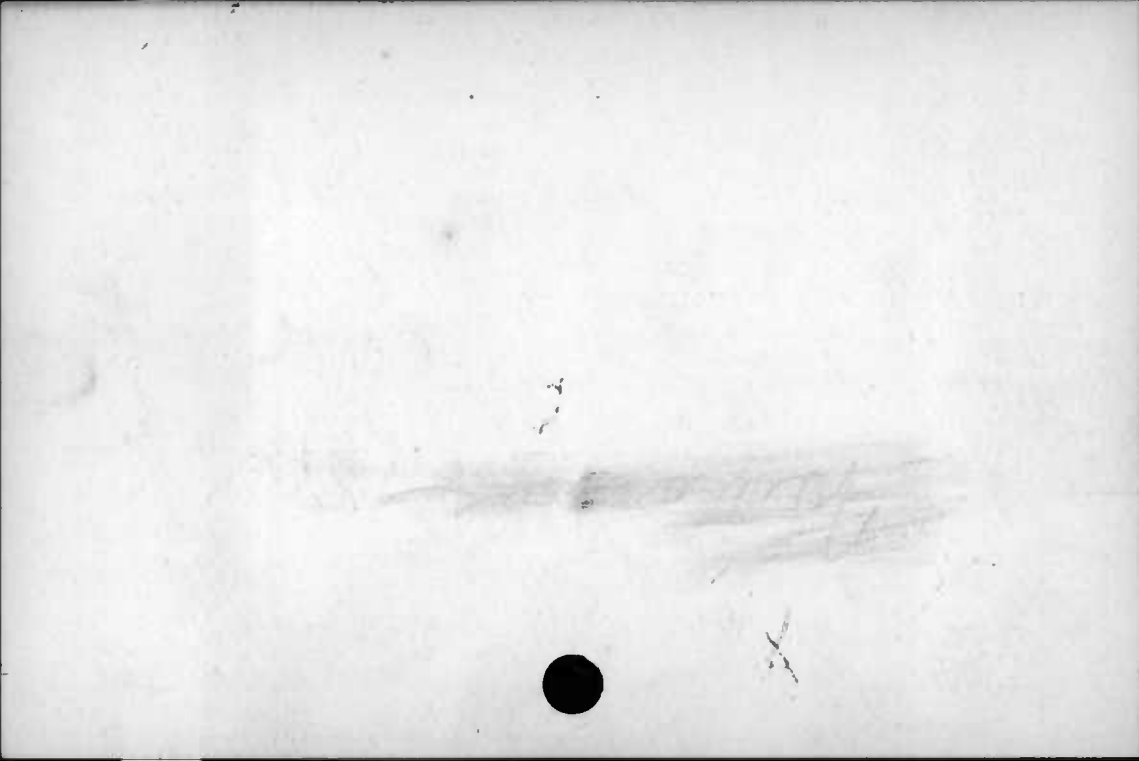
Died at		Cumberland		County		Allegany		MARYLAND	
Date of death		190	7	Sept.	21	Age	—	Years	2
Sex		Male		Color or Race		White		Birth-place	
Occupation		—		Where Residing if not at place of death		—		Cumberd.	
Married, Single or Widowed		Single		Name of Wife or Husband		Name		—	
Father's Name		Wm. H. Mc Donald		Father's Birthplace		H. Va.		—	
Mother's Maiden Name		Leota Payton		Mother's Birthplace		Not known		—	
Name of person giving information		Wm H Mc Donald		How related to deceased		Father		—	

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary	Euteric Colitis	How long	10 days
Immediate	Exhaustion	How long	Few hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
steno		Dr. Edward Harris	
Address		Cumberland	
Accident or Suicide?		Harris M.D.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

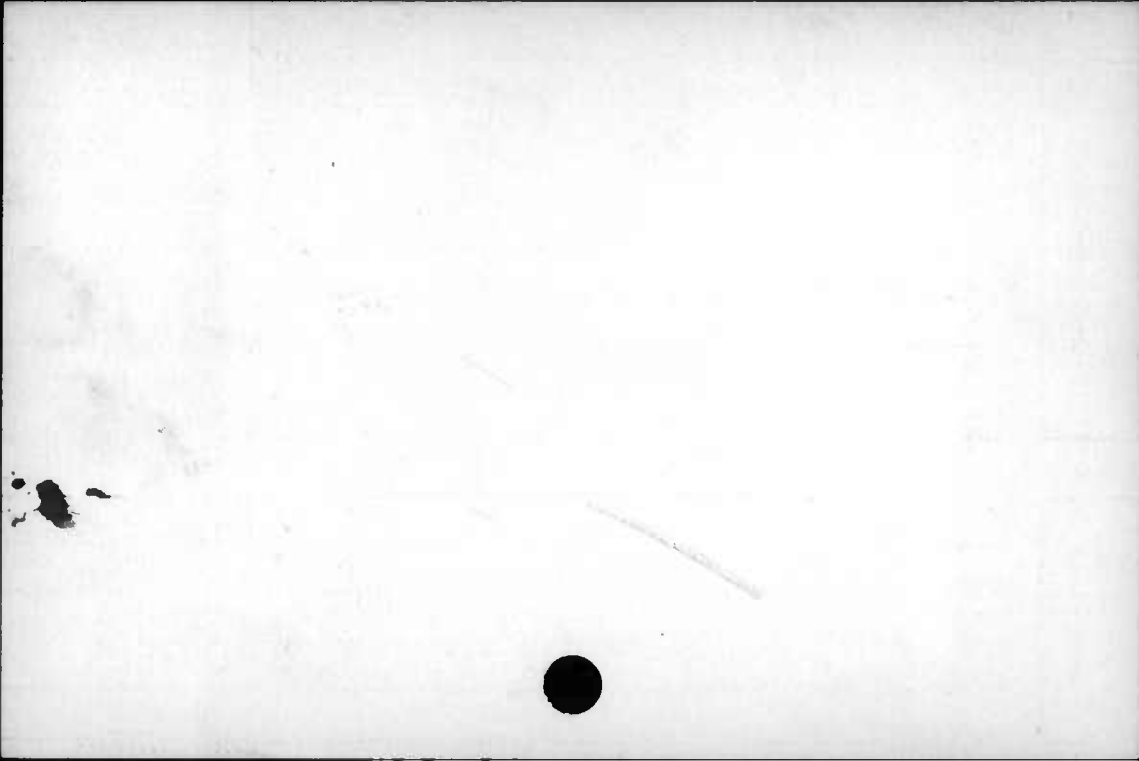
Died at <u>Chesapeake</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>1</u>		Age <u>38</u> <small>Years</small>		Months <u>—</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>unknown</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Boston Md</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>M. S. Gimpsey</u>		Mother's Birthplace <u>Scotland</u>			
Name of person giving information <u>Wm Snyder</u>		How related to deceased <u>Half law brother in</u>			

CAUSES OF DEATH

147

PHYSICIAN
OR CORONER

Primary <u>Inflammatory Pneumonia</u>		How long <u>One week</u>	
Immediate <u>Endocarditis</u>		How long <u>One week</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. S. Duse</u>	
Address <u>Chesapeake Md</u>		Accident or Suicide? <u>9</u>	



Name
in
Full

CERTIFICATE OF DEATH

Hattie E. Mason

Died at *Cumberland* ^{Town}County *Allegany*

MARYLAND

Date of death *1907* ^{Month} *Sept.* ^{Day} *25*Age *31* ^{Years}

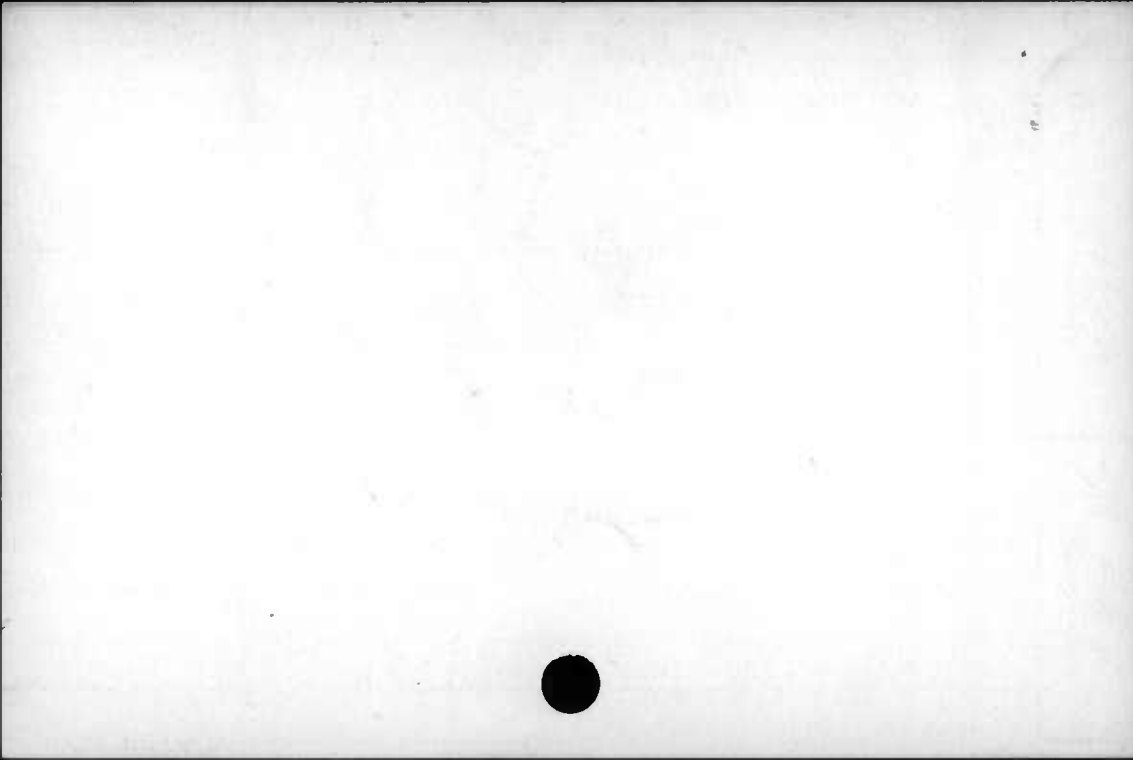
Months

Days

Sex *Female*Color or
Race *White*Birth-
place *W. Va.*Occupation *Wife*Where Residing if not
at place of death *—*Married, Single
or Widowed *Married*Name of Wife or
Husband *B. E. Mason*Father's
Name *Daniel Hagoner*Father's
Birthplace *W. Va.*Mother's
Maiden Name *Don't Know*Mother's
Birthplace *Don't Know*Name of person giving
Information *B. E. Mason*How related
to deceased *Husband*

CAUSES OF DEATH

Primary *Typhoid fever*How long *Ten days*Immediate *Broncho pneumonia*How long *Four days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *W. R. Hodges M. D.*Address *Cumberland, Md.*Accident or Suicide? *No*TO BE ANSWERED BY
- NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H Merrbach</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND							
Died at		Date of death <i>1907</i>		Month <i>9</i>		Day <i>5</i>		Age Years <i>79</i>		Months <i>2</i>		Days <i>19</i>	
Sex <i>M.</i>		Color or Race <i>N.</i>		Birth- place <i>Germany.</i>									
Occupation <i>Weaver.</i>		Where Residing if not at place of death —											
Married, Single or Widowed		Name of Wife or Husband <i>Catherine Merrbach</i>											
Father's Name <i>John Merrbach</i>		Father's Birthplace <i>Germany</i>											
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Germany</i>											
Name of person giving information <i>William Merrbach</i>		How related to deceased <i>son</i>											

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>About 2 yrs</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr H M Lane</i>	
		Address <i>Frostburg</i>	
Accident or Suicide?			

Hafer. German Luth. Comm.

Name
in
Full

Kelita Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Somerville</i>		Town		<i>Wetmore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>24</i>	Age	<i>69</i>	Years	Months
									<i>2</i>
Sex	<i>Male</i>		Color or Race		<i>White</i>		Birth-place		<i>Miller Mine</i>
Occupation	<i>Laborer</i>				Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Mary Murphy</i>				
Father's Name	<i>Isaac Miller</i>				Father's Birthplace				
					<i>Germany</i>				
Mother's Maiden Name	<i>Sarah Coleman</i>				Mother's Birthplace				
					<i>Wyoming, Pa.</i>				
Name of person giving information	<i>Mrs Coleman</i>				How related to deceased				
					<i>Sister</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>4 months</i>
Immediate	<i>Paralysis & exhaustion -</i>	How long	<i>Some time -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James O. Bullock Jr.</i>
		Address	<i>Somerville Maryland</i>
Accident or Suicide?	<i>no -</i>		

O-7D-1D-14

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>S. Cumberland</i> Town		County <i>Allegheny</i>	
		Date of death <i>1907</i> <i>Sep</i> <i>26</i>		Age <i>49</i> Years	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>House Wife</i>		Birth-place <i>W. Va</i>	
		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amos W. Miller</i>			
Father's Name <i>James Wm Sirbaugh</i>		Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Ester Mc Donald</i>		Mother's Birthplace <i>W. Va</i>			
Name of person giving information <i>Amos W. Miller</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 yrs</i>	
		Immediate <i>Exhaustion</i>		How long <i>—</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. B. Claybrook</i>	
				Address <i>Cumberland, Md</i>	
		Accident or Suicide?			

Tabular.

4 Sons
1 Daughter

Name
in
Full

Pasquale Minnaccino

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

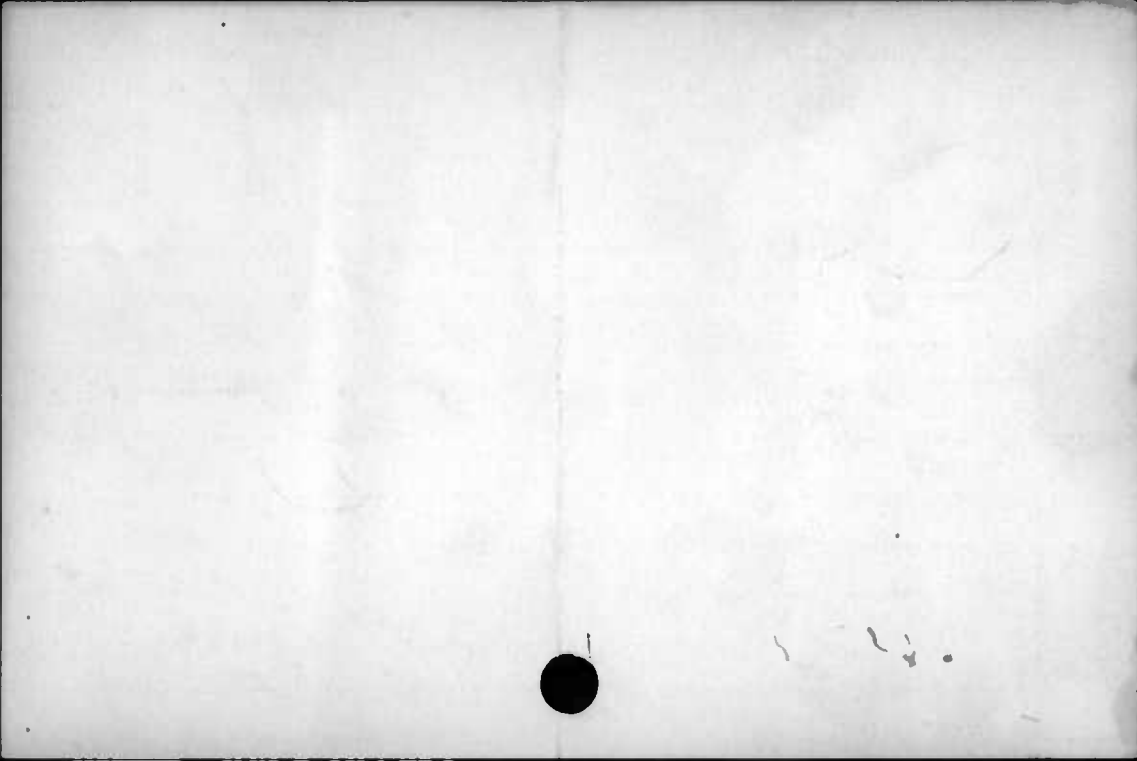
Died at <i>Frostburg Md</i>		County <i>allegany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>8</i>	Age <i>23 or 24</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>miner</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Italy</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Name of person giving information <i>Frank Pautico and his wife</i>		How related to deceased		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Kild by accident</i>	How long
Immediate <i>In Mine While at Work</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. H. Martz Coroner</i>
	Address <i>Beaumontland Md</i>
Accident or Suicide?	



Name
in
Full

George R Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

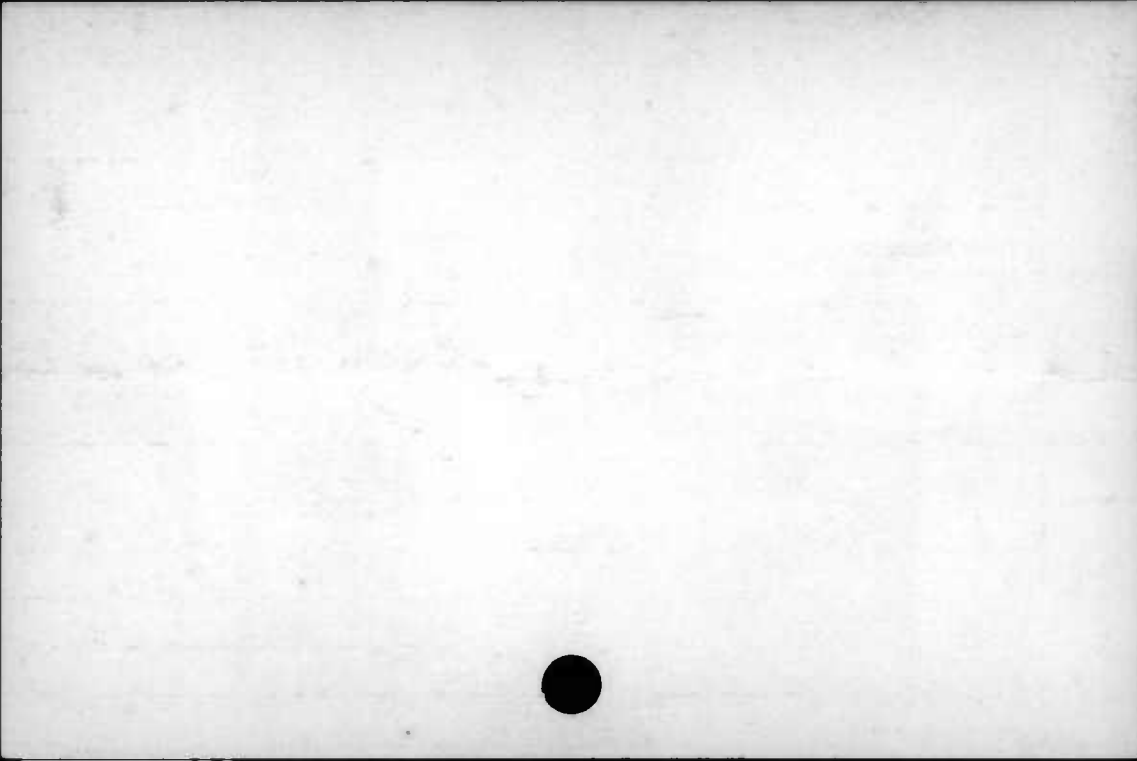
Died at		Town <u>Midland</u>		County <u>Allegheny</u>		MARYLAND	
Date of death 190	1	Month	9	Day	30	Age	Years <u>4</u> Months <u>1</u> Days <u>28</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Midland</u>
Married, Single or Widowed	<u>single</u>			Occupation	<u>—</u>		
Name of Wife or Husband <u>—</u>							
Father's Name <u>H. R. Montgomery</u>				Father's Birthplace <u>Kingfield, Me.</u>			
Mother's Maiden Name <u>Susan R. Burkholder</u>				Mother's Birthplace <u>Alt. Fulton, Mo.</u>			
Name of person giving information <u>H. R. Montgomery</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

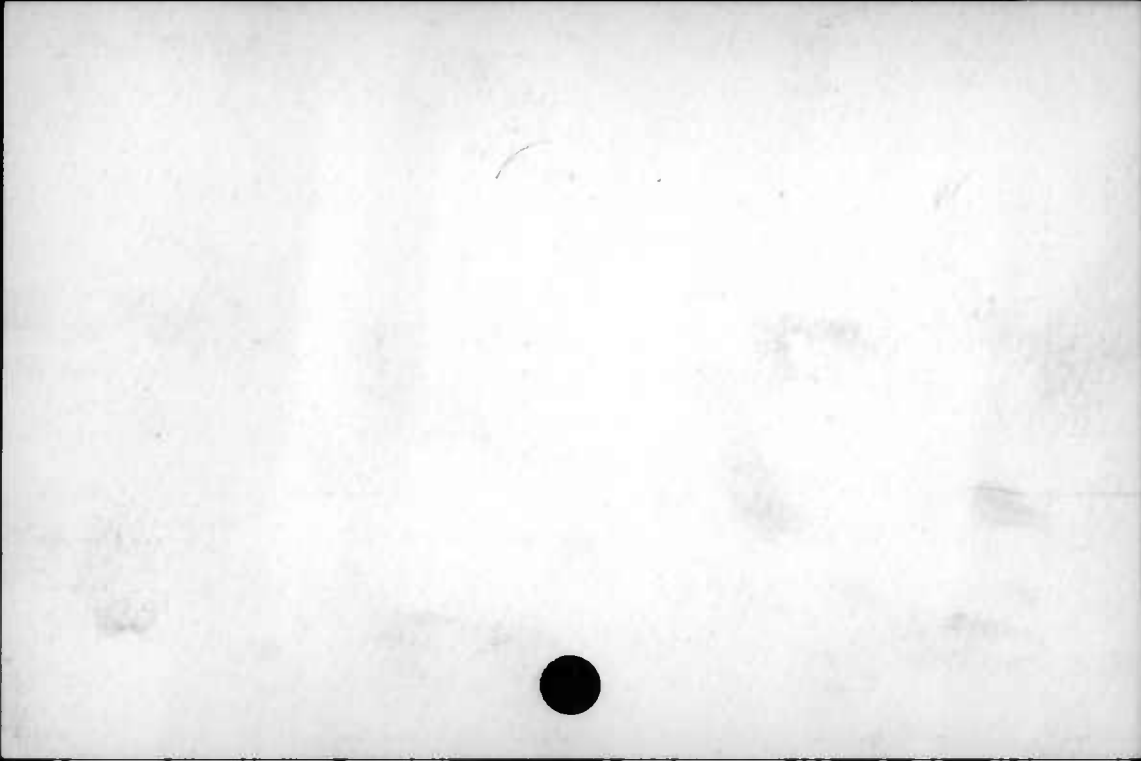
9

PHYSICIAN
OR CORONER

Primary	<u>Croup Membranous</u>	How long	<u>2 days</u>
Immediate	<u>Croup Membranous</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes.</u>		<u>J. H. Casper, Jr.</u>	
		Address <u>Midland, Md.</u>	



Name in Full		Frank Myers				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Lonaconing		County			
				Allgemeine		MARYLAND			
		Date of death	1907	Month	Sept.	Day	26	Age	15
						Months	10	Days	29
		Sex	Female	Color or Race	white	Birth-place	Lonaconing		
		Occupation	Miner		Where Residing if not at place of death				
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	John C. Myers			Father's Birthplace	Germany		
		Mother's Maiden Name	Elizabeth Knopf			Mother's Birthplace	Lonaconing		
		Name of person giving information	John C. Myers			How related to deceased	Father		
		CAUSES OF DEATH				166			
PHYSICIAN OR CORONER		Primary	Killed by fall of coal in mine				How long		
		Immediate					How long		
		Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician		
						Address	Lonaconing, Md.		
		Accident or Suicide?	Accident						



Name
in
Full

CERTIFICATE OF DEATH

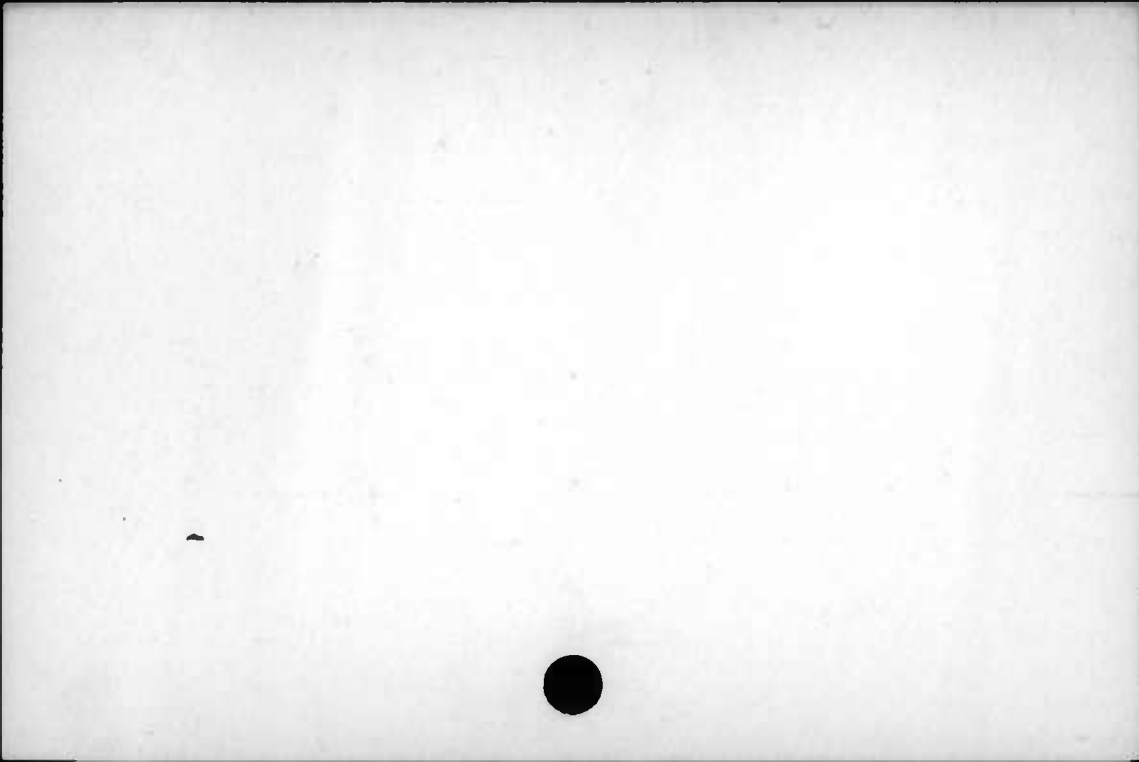
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonaeconing</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sonaeconing</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frederick Nippenburg Sr.</i>			Father's Birthplace <i>Wellsburg Pa</i>		
Mother's Maiden Name <i>Maria Pritchard</i>			Mother's Birthplace <i>Sonaeconing, Md.</i>		
Name of person giving information <i>Frederick Nippenburg</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enter. Colitis</i>	How long <i>105</i>	How long <i>9 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>Some time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>	
	Address <i>Sonaeconing Maryland</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Dennis F. Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

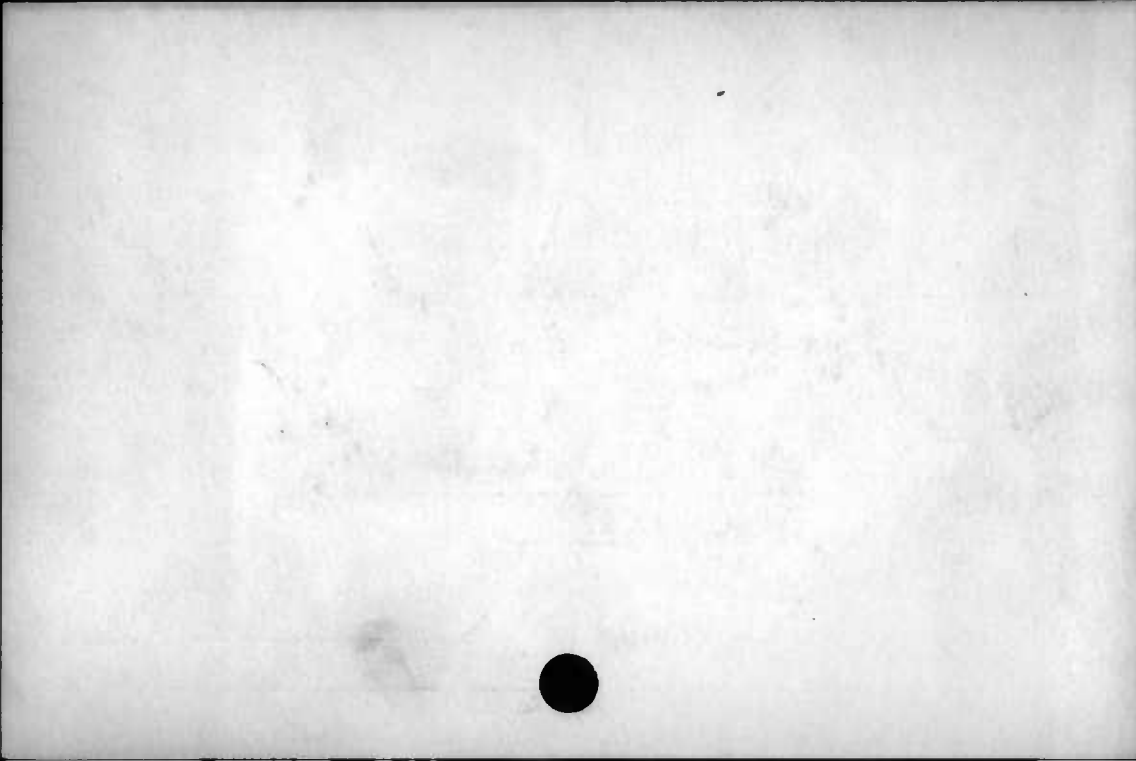
Died at		Town Midland		County Allegany		MARYLAND		
Date of death 190	7	Month Sept	19	Day	Age 32	Years	Months 2	Days 19
Sex	Male		Color or Race	White		Birth- place	Sonawaring, Md.	
Married, Single or Widowed	Single			Occupation	Miner			
Name of Wife or Husband								
Father's Name	Michael Nolan					Father's Birthplace	Mt Savage, Md.	
Mother's Maiden Name	Annie Reilly					Mother's Birthplace	Philadelphia	
Name of person giving In formation	John Mc Dermott					How related to deceased	Brother-in-law	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Killed by fall of coal		How long	_____
Immediate	Killed by fall of coal		How long	_____
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. P. O'Neil,
			Address	Midland, Md.
Accident or Suicide?				



Name
in
Full

Annie E. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. M. Hospital</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1901</i>	Month <i>Sept.</i>	Day <i>26</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Piney Grove Md</i>				
Occupation <i>Wife</i>	Where Residing if not at place of death <i>Little Orleans.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles J. Norris</i>						
Father's Name <i>James J. Hartley</i>	Father's Birthplace <i>Not Known.</i>						
Mother's Maiden Name <i>Mary Ann Foster</i>	Mother's Birthplace <i>Id.</i>						
Name of person giving information <i>Charles J. Norris</i>	Relationship to deceased <i>Husband.</i>						

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Strangulated hernia</i>	How long <i>36 hours</i>
Immediate <i>Shock & exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James J. Johnson</i>
<i>Little Orleans</i>	Address <i>Little Orleans Md.</i>
Accident or Suicide?	

little ocean.

an

Name
in
Full

Daniel Offman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Allegheny ^{County} MARYLAND

Date of death 1907 ^{Month} Sept ^{Day} 22 ^{Years} 45 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Ind

Occupation miner Where Residing if not at place of death Brookburg Md

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Henry Offman Father's Birthplace Germany

Mother's Maiden Name Katharine Lemmer Mother's Birthplace Germany

Name of person giving information Wm Offman How related deceased Brother

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary Broncho Pneumonia 2 weeks

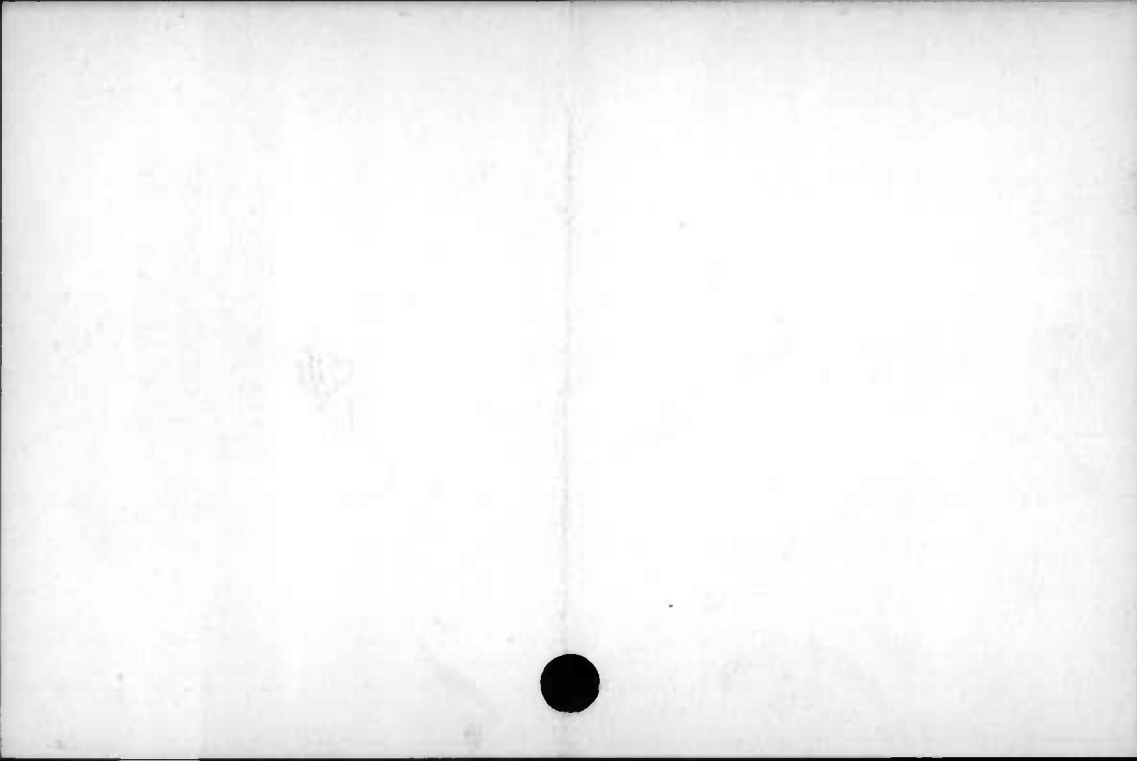
Immediate Exhaustion Several days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. S. Duke

Address Cumberland Md

Accident or Suicide? No



Name
in
Full

Parks

Twinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shaft</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	<u>9</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age	<u>3</u> <small>Months</small>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Ind.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John Parks</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Ellen Kelly</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>John Parks</u>			How related to deceased	<u>father</u>

CAUSES OF DEATH

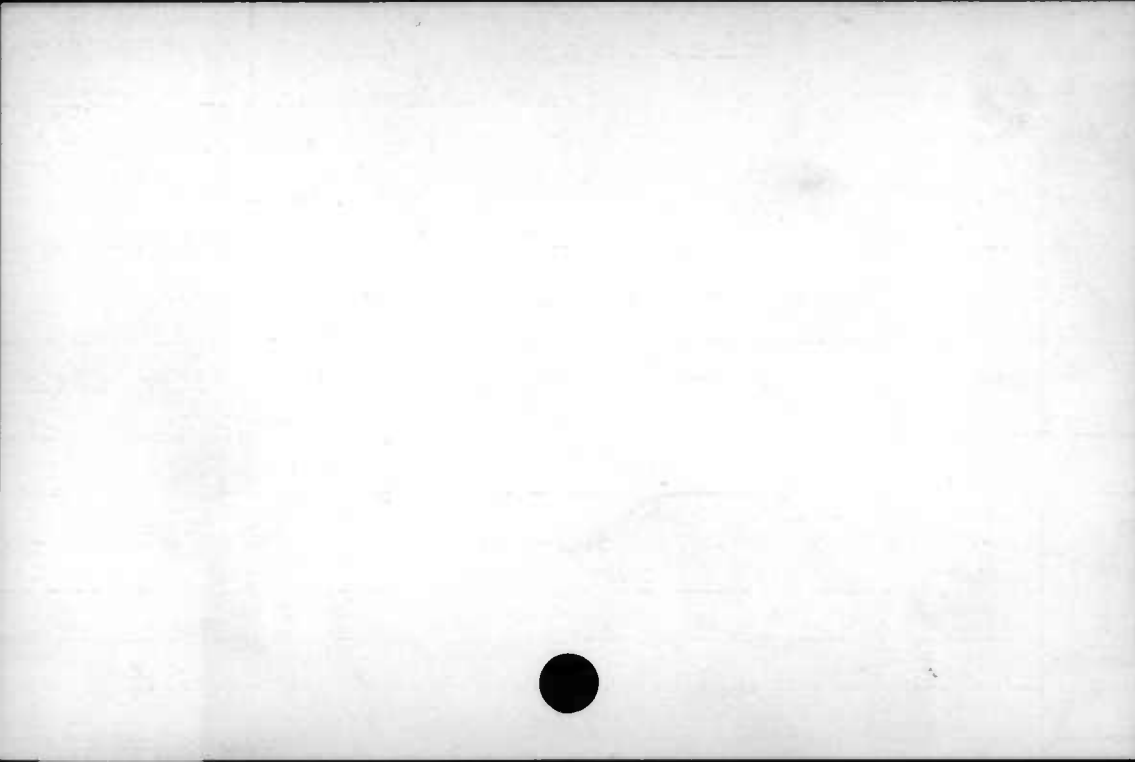
105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>2 wks</u>
Immediate	<u>h</u>	How long	<u>h</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>9</u>		<u>J. M. Green</u>	
		Address	
		<u>Froelberg</u>	
		<u>Ind</u>	
Accident or Suicide?			

Hafas
Cable

Name in Full		Pitsnogle (Illegitimate)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cumberland</u>		County <u>Allegany</u>		MARYLAND		
	Date of death	1907	Month	Sept	Day	21	
	Age	Years		Months		Days	
	Sex	female		Color or Race	white		
	Birth-place	ind					
	Occupation			Where Residing if not at place of death			
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name	Otis Robinson			Father's Birthplace	ind	
	Mother's Maiden Name	Lilly Pitsnogle			Mother's Birthplace	ind	
	Name of person giving information	Lilly Pitsnogle			How related to deceased	mother	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Prematurity (6 1/2 hrs)		How long		
	Immediate		still born		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		L. J. Owens M.D.		
	Accident or Suicide?		Address		Cumberland ind		



Name
in
Full

Mary Plucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

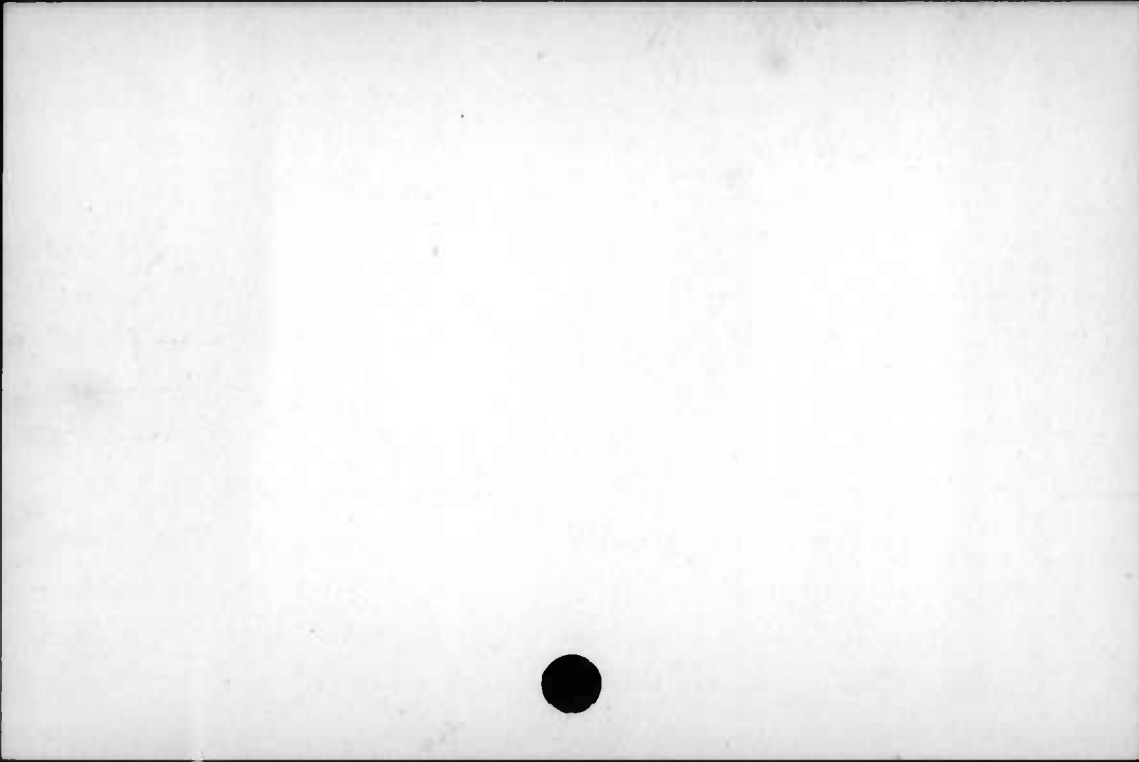
Died at <u>Sord</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Sept</u> <small>Month</small>	<u>17</u> <small>Day</small>	<u>—</u> <small>Age</small>	<u>3</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Sord</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Harry Plucker</u>			Father's Birthplace	<u>Austria</u>
Mother's Maiden Name	<u>Mary Stonemanugh</u>			Mother's Birthplace	<u>Austria</u>
Name of person giving information	<u>Harry Plucker</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Marasmus-Enter-Colitis -</u>	How long	<u>3 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 months -</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>James O. Bullock M.D.</u>
		Address	<u>Lawrence Maryland</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Teta Polind

CERTIFICATE OF DEATH

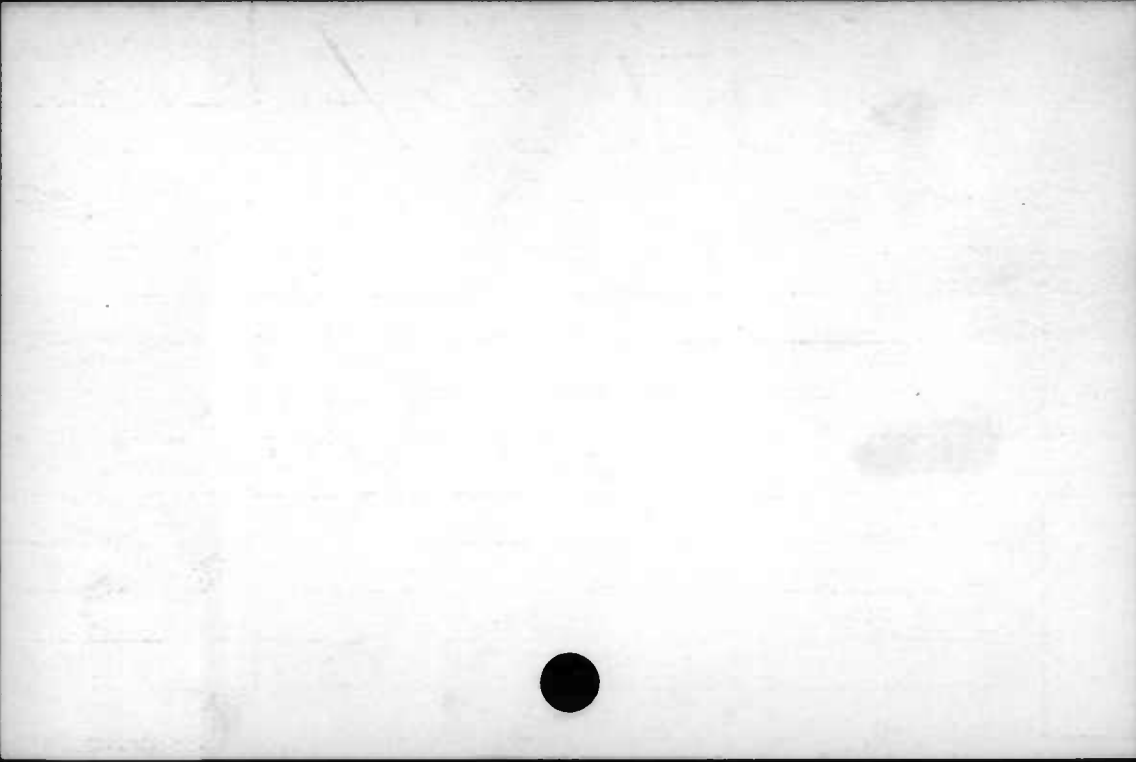
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND		
Date of death	1907	Month	September	Day	6	
Sex	Female	Color or Race	White	Birth-place	Cumberland	
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	William J. Largent				Father's Birthplace	W. Va.
Mother's Maiden Name	Cora J. Largent				Mother's Birthplace	W. Va.
Name of person giving information	Wm J. Largent				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria	How long	2 weeks
Immediate	Transition	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
Accident or Suicide?			Address
			William R. Foard
			116 Virginia Ave,
			Cumberland, Md.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

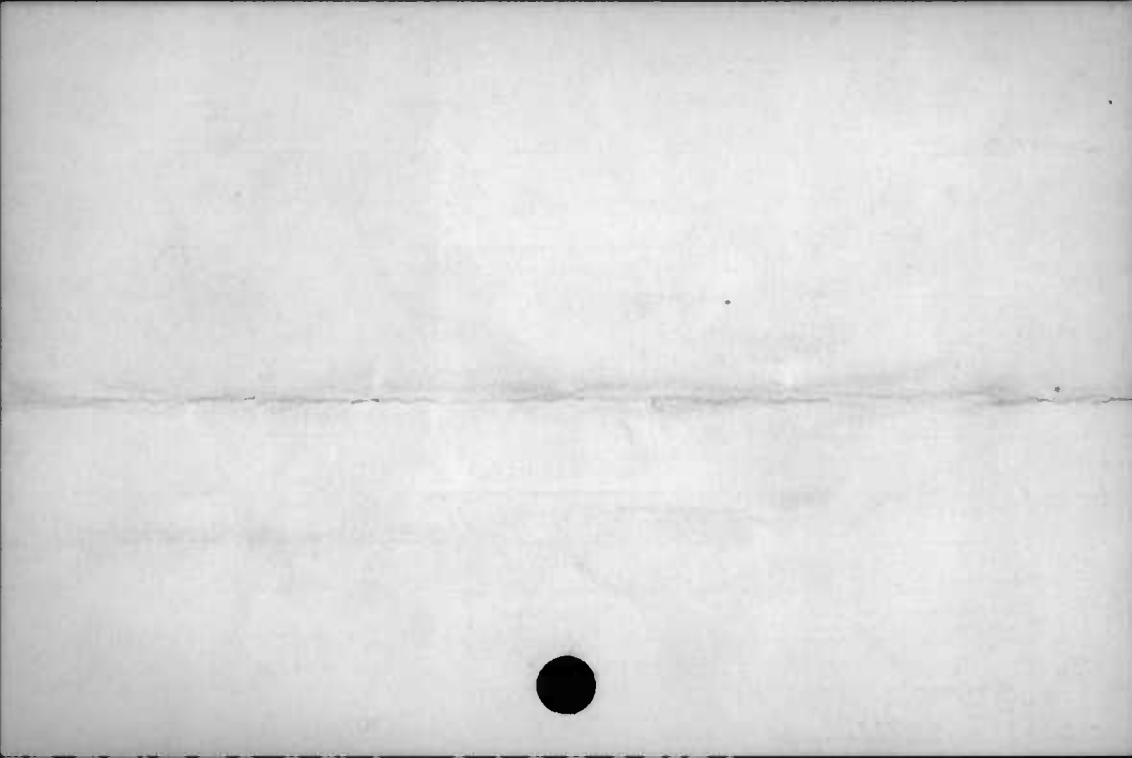
Powers.

Died at <i>Frostburg</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death 1907	Month <i>Sept</i>	Day <i>29</i>	Age <i>7</i>	Years <i>5</i>	Months <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frostburg Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>George Powers</i>			Father's Birthplace <i>Frostburg Md</i>		
Mother's Maiden Name <i>Lucy Hewitt</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>George Powers</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					

105

PHYSICIAN
OR CORONER

Primary	<i>Cyano-colitis</i>	How long	<i>Several weeks</i>
Immediate	<i>Marasmus</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Coker</i>	
Address <i>Frostburg Md</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept	27		0		1
Sex	Color or Race		Birth-place				
Male	White		Lonaconing				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Wm Richardson		Lonaconing					
Mother's Maiden Name		Mother's Birthplace					
Lucy Peasdale		"					
Name of person giving information		How related to deceased					
Lucy Peasdale		Mother					

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Seabrook* Town *Allegheny* County *Allegheny* **MARYLAND**

Date of death *1907* Month *sep.* Day *15* Age *steep* Years *Brown* Months Days

Sex *Boy* Color or Race *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Riley* Father's Birthplace *md*

Mother's Maiden Name *Mary Riley* Mother's Birthplace *md*

Name of person giving information *Dolan* How related to deceased *—*

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary *steep Brown.* How long

Immediate *Has been dead for some time* How long

Are the name, age, sex, color, date and place correctly given above? *9*

Signature of Physician *Thos. N. Evans*

Address *Seabrook md*

Accident or Suicide? *md*



Name
in
Full

Ella E. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

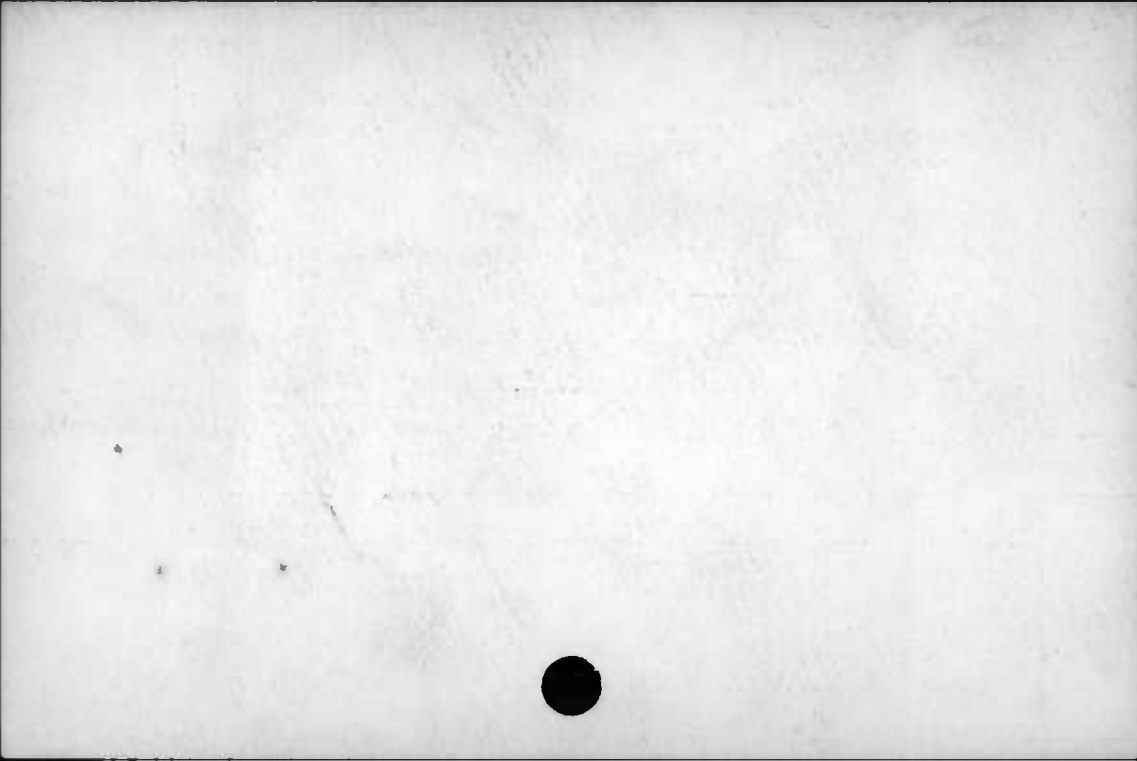
Died at <i>Cumberland</i> <small>Town</small> <i>Allegheny</i> <small>County</small>		<i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>20</i>	Age <i>50</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>West Va</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Claude Robinson</i>		
Father's Name <i>Charles G. Stearns</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Anna M. Gake</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>J. Hemmard Smith</i>	How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <i>Loosening of the heart by a fall</i>	How long <i>one week</i>
Immediate <i>Relaxation</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Wiley</i>
<i>stomach</i>	Address <i>Cumberland, Md</i>
Accident or Suicide <i>—</i>	<i>Wiley</i>



Name
in
Full

Levi Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

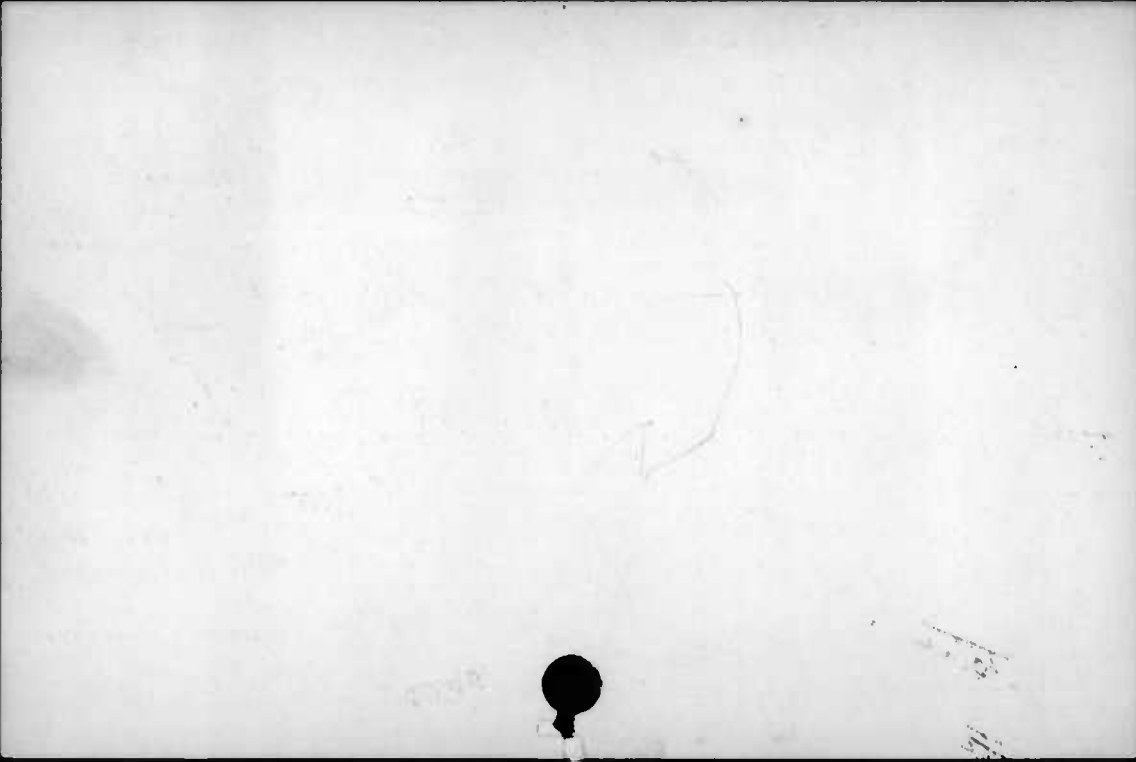
Died at		Town Ranwings		County Allegany		MARYLAND	
Date of death		1907	Month Sept	Day 19	Age	Years 72	Months Days
Sex M		Color or Race White		Birth-place Md			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband Amanda Robinson			
Father's Name Unknown				Father's Birthplace Allegany Co Md			
Mother's Maiden Name Unknown				Mother's Birthplace Allegany Co Md			
Name of person giving information G M Robinson				How related to deceased Son			

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	Dropsy	How long	5 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G M Cunningham	
Address Green Spring West Va			
Accident or Suicide?			



Name
in
Full

Michael Shea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

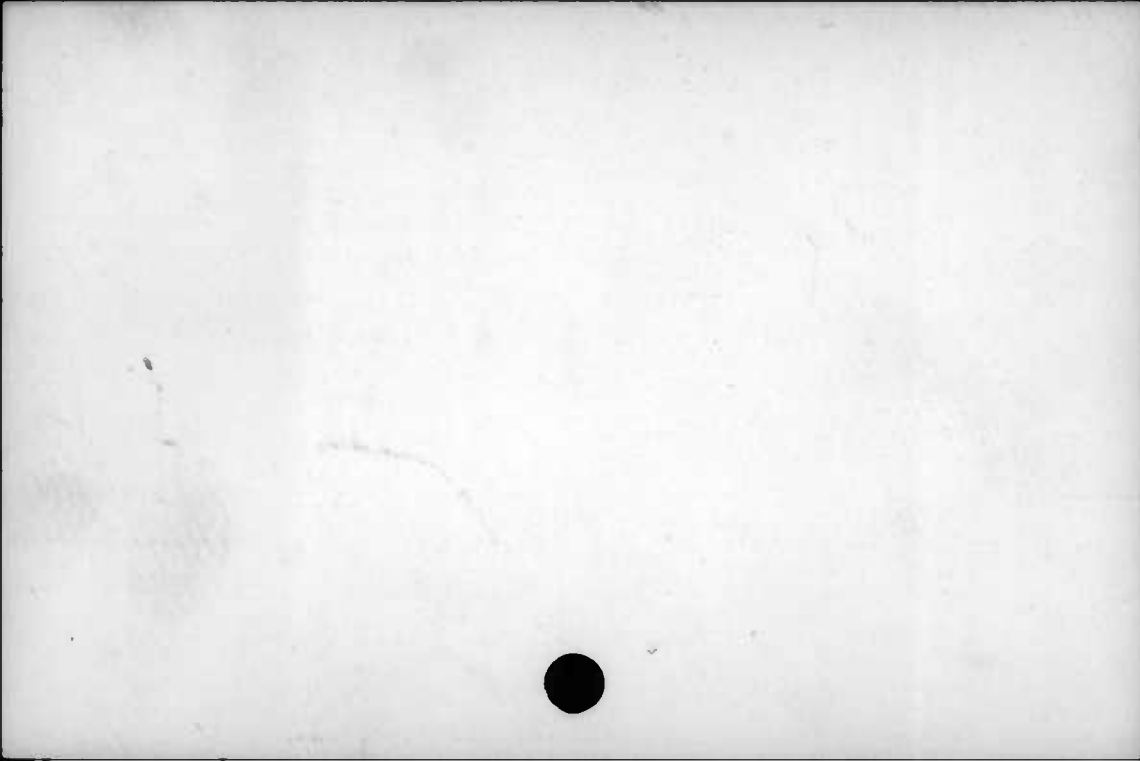
Died at <i>Frostburg</i>		Town <i>allcany</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>9</i>		Day <i>11</i>		Age <i>84</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>									
Occupation <i>Miner</i>				Where Residing if not at place of death <i>Home</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kate Shea</i>											
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Ireland</i>											
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Ireland</i>											
Name of person giving information <i>J. William Shea</i>		How related to deceased <i>Son</i>											

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>apoplexy cerebral</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thomas H. Moore</i>	
		Address <i>Frostburg, Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Joseph Shriner

Town *Cumt-d* County *Alleghany* MARYLAND

Died at *Cumt-d*

Date of death *1907* Month *Sept* Day *5* Age *6* Years *6* Months *6* Days *-*

Sex *Male* Color or Race *White* Birth-place *Cumt-d*

Occupation *none* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Joseph B. Shriner* Father's Birthplace *Cumt-d*

Mother's Maiden Name *Martha Dougherty* Mother's Birthplace *Ma*

Name of person giving information *Joseph B. Shriner* How related to deceased *Father*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

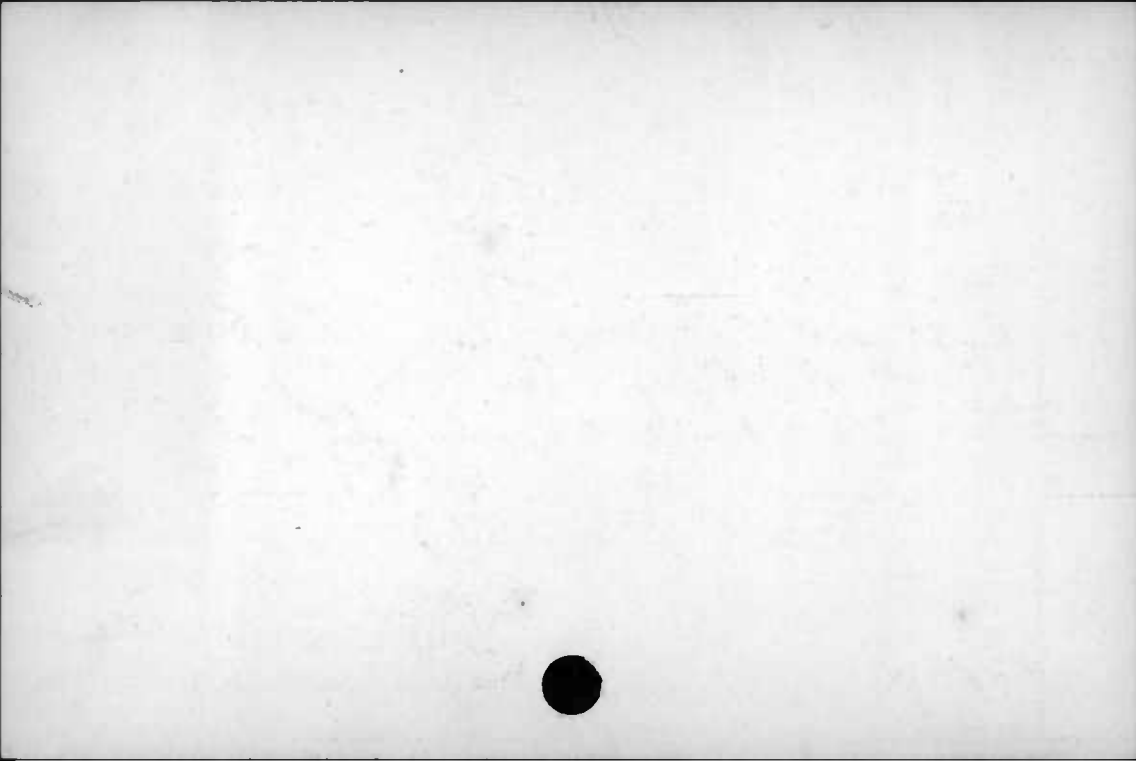
Primary *Diphtheria* How long *Two days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *F. L. Barkdoll, M.D.* Address *Cumt-d Md*

Accident or Suicide?



Name
in
Full

Lennis J Slone

CERTIFICATE OF DEATH

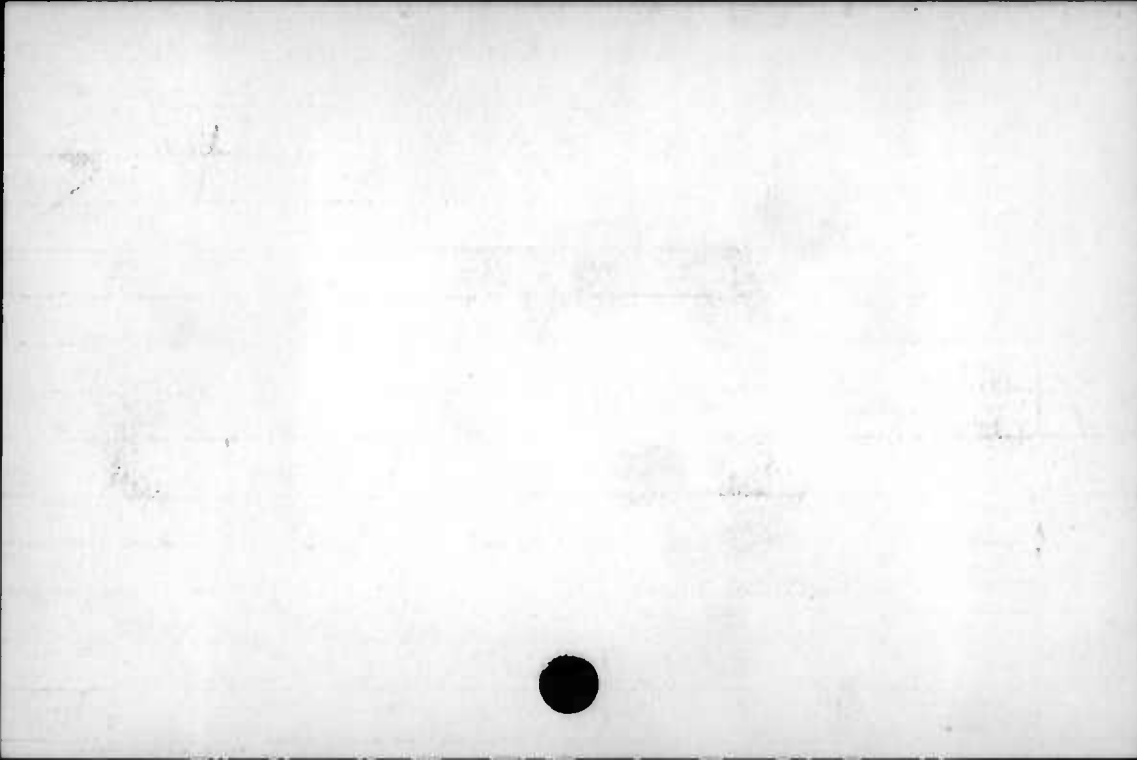
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt</i>		Town <i>Cumt</i>		County <i>allergany</i>		MARYLAND	
Date of death	1907	Month	9	Day	14	Age	Years
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>Cumt</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Frederick Slone</i>			Father's Birthplace	
Mother's Maiden Name			<i>Margaret Metzger</i>			Mother's Birthplace	
Name of person giving information			<i>Frederick Slone</i>			How related to deceased	
			<i>Father</i>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>Enterocolitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>one week</i>
Is the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. J. Slone M.D.</i>	
Address		<i>Cumt Maryland</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Heinie Stewart* County *Allegheny* MARYLAND
Died at *Frostburg* Town
Date of death 1907 *9* Month *27* Day Age *6* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *James Stewart* Father's Birthplace *Frostburg Ind*
Mother's Maiden Name *Jane Price* Mother's Birthplace *Frostburg Ind*
Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Isaemic heart disease*

How long

Immediate *meningitis*

How long

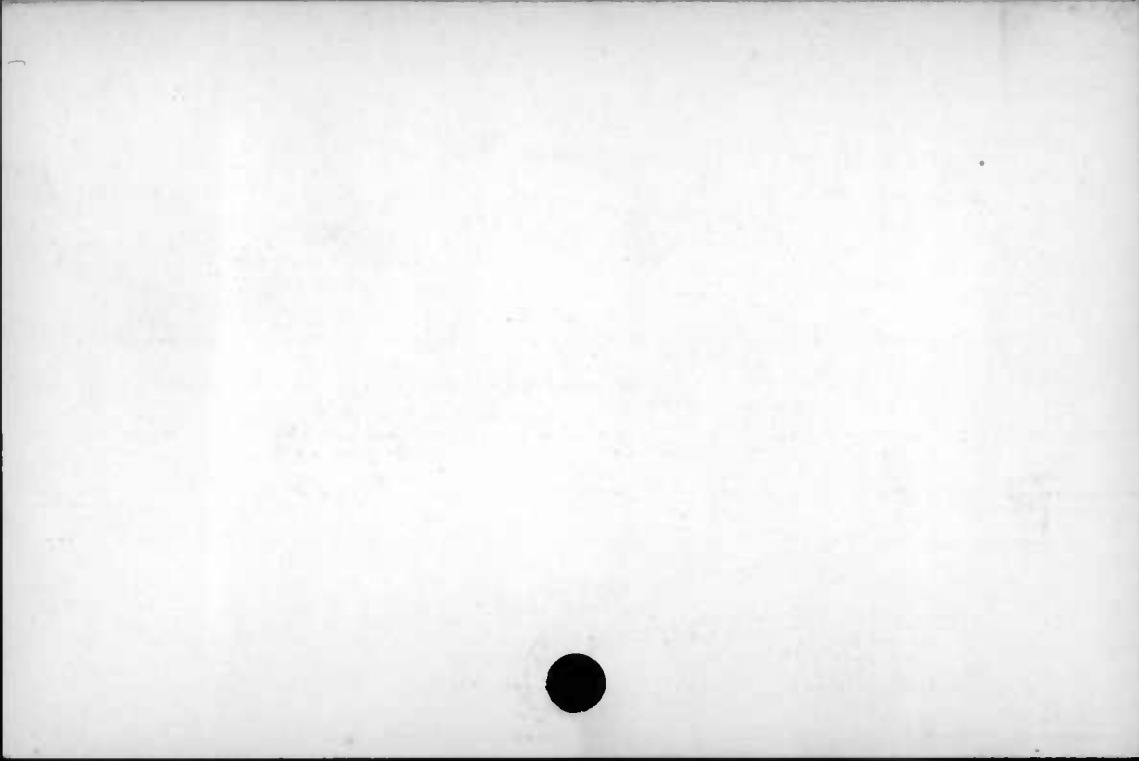
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T. Scriffith
Frostburg

Accident or Suicide?



Name
in
Full

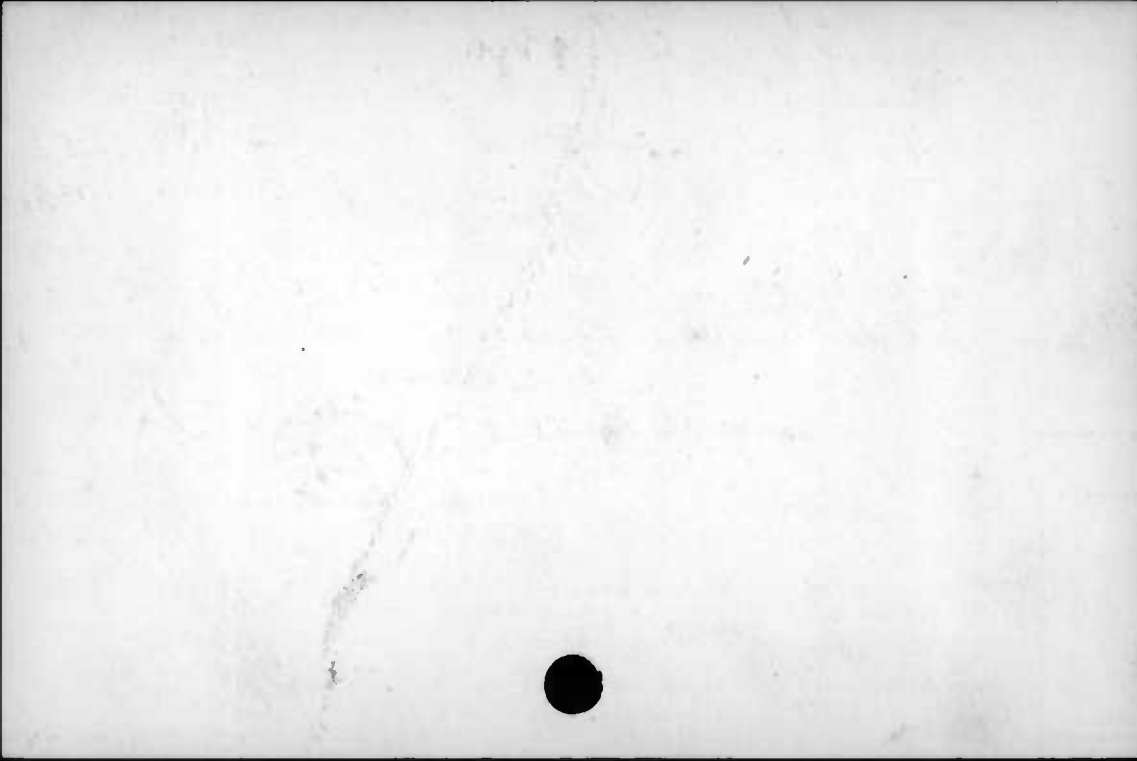
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Peter Joseph Straub		Town Cum		County Alle		MARYLAND					
Died at Cum		Month Sept		Day 22		Age 74		Years 2		Months 14	
Date of death 1907		Month Sept		Day 22		Age 74		Years 2		Months 14	
Sex Male		Color or Race White		Birth-place Germany							
Occupation Farmer		Where Residing if not at place of death									
Married, Single or Widowed Widowed		Name of Wife or Husband Elizabeth Straub									
Father's Name Michael Straub		Father's Birthplace Germany									
Mother's Maiden Name unknown		Mother's Birthplace									
Name of person giving information Henry Straub		How related to deceased Son									
CAUSES OF DEATH											
64											

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis		How long 10 yrs.	
Immediate Atherosclerosis		How long 1 hr.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. D. Laubach	
Address Cum		Address Franklin	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Augusta Taschenberger

Died at ^{Town} North Branch ^{County} Allegany MARYLANDDate of death 1907 ^{Month} Sept ^{Day} 10 Age ^{Years} 64 ^{Months} 5 ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Carl Taschenberger

Father's Name Emil Kummer Father's Birthplace Germany

Mother's Maiden Name unknown Mother's Birthplace Don't know

Name of person giving information Carl Taschenberger How related to deceased Husband

CAUSES OF DEATH

79

Primary With old tuberculosis How long 2 or 3 yrs

Immediate Failure of compensation How long sev. weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. B. Clayton M.D.

Address Cecilbude Md

Accident or Suicide?

Six Children all gone

Name
in
Full

William R Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>28</i>	Years <i>30</i>	Months	Days
Sex <i>White Male</i>	Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>Lonaconing</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Mr Thomas</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Rebecca Thomas</i>	Mother's Birthplace <i>Wales</i>				
Name of person giving information <i>James Thomas</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

*Accident*PHYSICIAN
OR CORONER

Primary <i>Killed in mine</i>	How long <i>166</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. H. Maiz, Coroner</i>
	Address <i>Sumnerland</i>
Accident or Suicide? <i>Accident</i>	<i>Maryland</i>



11

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dennis Fiske

Tcwn

County

MARYLAND

Died at

Brunn

Alle

Date

Month

Day

Age

Years

Months

Days

of death

1907

Sept

20

Age

62

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rosana Fiske

Father's
Name

Wendelin Fiske

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Poppert

Mother's
Birthplace

Germany

Name of person giving
In formation

Joseph Fiske

How related
to deceased

Son

CAUSES OF DEATH

164

Primary

Cerebral Hemorrhage

How long

2 weeks

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Johnston

Address

Cumberland Md

Accident or Suicide?

Sterile

Fayette



Name
in
Full

Annie Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

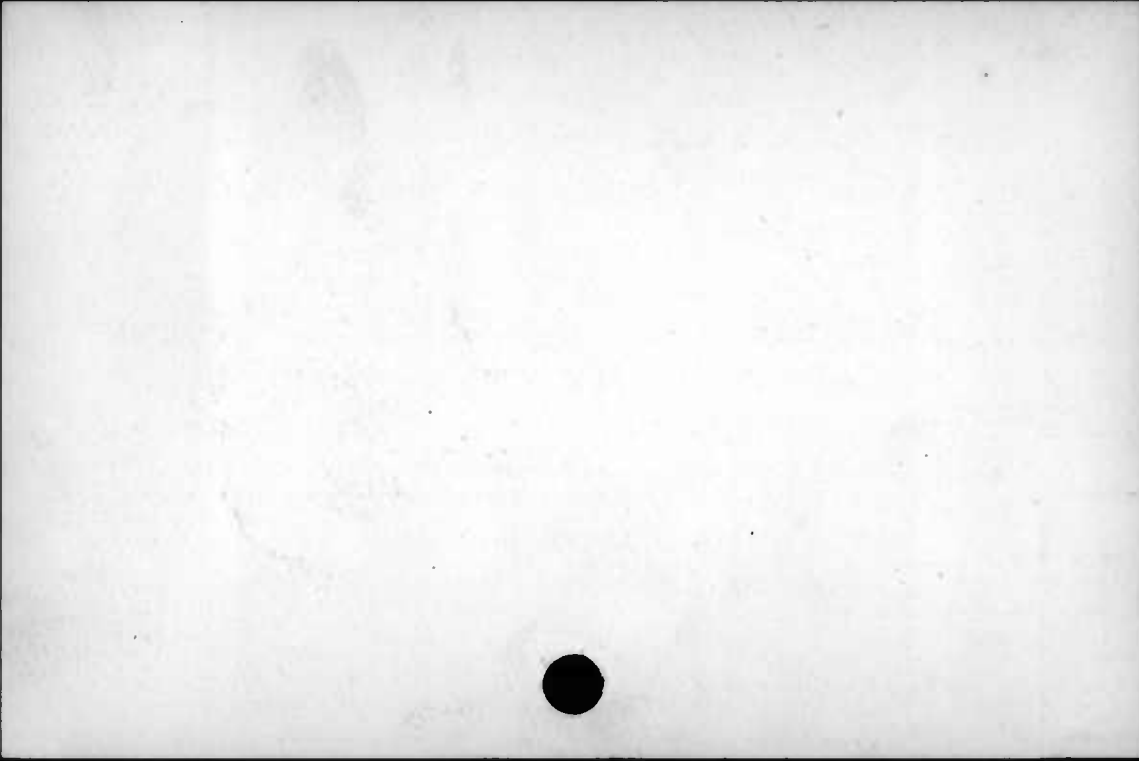
Died at <i>Cumt-a</i>		Town		<i>Accray</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Sep.</i>		Day <i>4</i>		Age <i>47</i>		Years <i>47</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>-</i>		Days <i>-</i>	
Occupation <i>House Keeper</i>				Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles Turner</i>							
Father's Name <i>L. Kerns.</i>				Father's Birthplace <i>Dnt Know</i>					
Mother's Maiden Name <i>dnt Know</i>				Mother's Birthplace <i>dnt Know</i>					
Name of person giving information <i>Wm Turner</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

127

PHYSICIAN
OR CORONER

Primary <i>Extensive Pulmonary</i>		How long <i>about one year</i>	
Immediate <i>Exhaustion</i>		How long <i>several months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>[Signature]</i>	
<i>Stein</i>		Address <i>[Signature]</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James A Valentine		Town Cammd		County Allegheny		MARYLAND	
Died at		Date of death		Age		Months	
		1907 Sep 1		25		3	
Sex Male		Color or Race White		Birth-place Cammd		Days 1	
Occupation Ladder man		Where Residing if not at place of death Ann St City					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Jacob A Valentine		Father's Birthplace Pa					
Mother's Maiden Name May E West		Mother's Birthplace Balti md					
Name of person giving information Jacob A Valentine		How related to deceased Father					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Kild by faulting off a fire	How long
Immediate Father accidental	How long
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Geo H Marz
	Address Ann St City Md
Accident or Suicide? 9	



Name
in
Full

Zester: Rickard.

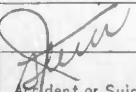

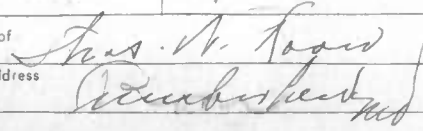
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany.		MARYLAND	
Date of death	1907	Month Sept.	Day 24	Age 4	Years 4	Months —	Days —
Sex	Male		Color or Race	White		Birth- place	Cumuld.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	C. H. Rickard					Father's Birthplace	
Mother's Maiden Name	Don't know					Mother's Birthplace	
Name of person giving Information	C. H. Rickard					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	meningitis	How long	1 Week
Immediate	Exhaustion	How long	1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
			
		Address	
			
Accident or Suicide?			

Pourch queen

Oct 4
day after
buried -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland

Town

Zilch
Allegheny

County

MARYLAND

Date

of death 1907

Month

Sept

Day

2

Age

Years

24

Months

6

Days

Sex

male

Color or
Race

white

Birth-
place

Cumberland

Occupation

Plumber

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband~~Married~~ NoneFather's
Name

Conrad Zilch

Father's
Birthplace

Germany

Mother's
Maiden Name

Josephine Withman

Mother's
Birthplace

Germany

Name of person giving
information

Henry Zilch

How related
to deceased

Brother

CAUSES OF DEATH

11

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

3 weeks

Immediate

Meningitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. S. Plume

Address

Cumberland Md

Accident or Suicide?

